

1 UNITED STATES DISTRICT COURT  
2 SOUTHERN DISTRICT OF INDIANA  
3 INDIANAPOLIS DIVISION  
4

5 CASE NUMBER 1:06-CV-1560-RLY-TAB

6 CECELIA WALLACE, individually )  
7 and as the executor of the )  
Estate of WILLIAM M. WALLACE )  
8 Deceased )  
9 Plaintiff, )  
vs. )  
10 JERRY HOUNSHEL, SHERIFF OF )  
11 JACKSON COUNTY, et al., )  
12 Defendants. )

13 THE DEPOSITION of NORMAN R. JOHNSON, M.D.,  
14 an expert witness called by the plaintiff in  
15 the above entitled cause, taken before me,  
16 Grace Cafaro, CSR-RPR-CP, License #084-000702,  
17 a Notary Public in and for the County of Peoria  
18 and State of Illinois, at 415 Hamilton  
19 Boulevard, 415 Hamilton Boulevard, in the City  
20 of Peoria, County of Peoria and State of  
21 Illinois, on the 20th day of March, A.D. 2008,

22                   commencing at 10:00 a.m.

23

1 APPEARANCES:

2 Michael K. Sutherlin & Associates, P.C.  
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4 Indianapolis, IN 46204  
By: Michael K. Sutherlin, Esq.  
For plaintiff

5 Bose, McKinney & Evans, LLP  
6 2700 First Indiana Plaza  
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Indianapolis, IN 46204  
7 By: Steven D. Groth, Esq.  
For defendants  
8 Advanced Correctional Healthcare, Inc.  
and Faisal Ahmed, M.D.

9  
10 Rudolph, Fine, Porter & Johnson  
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Evansville, Indiana 47706-1507  
12 By: Stacy K. Harris, Esq.  
For defendants  
13 Jerry Hounshel, Marc Lahrman,  
Melissa Robins, Josh Teipen and  
14 David Ridlin

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Examination by:

5

Mr. Sutherlin

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Ms. Harris

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Mr. Sutherlin

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EXHIBIT NUMBER

PAGE IDENTIFIED

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Exhibit #1

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Exhibit #2

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Exhibit #6

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Exhibit #7

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Exhibit #8

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Exhibit #9

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Exhibit #10

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Exhibit #11

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Exhibit #12

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1                   IT IS HEREBY STIPULATED by and between the  
2           parties hereto and their respective attorneys  
3           that this is a deposition taken pursuant to  
4           notice to the attorneys of record and pursuant  
5           to the provisions of the Code of Civil  
6           Procedure and the Rules of the United States  
7           District Court.

8                   That the deposition may be taken before  
9                   Grace Cafaro, CSR-RPR-CP, License #084-000702,  
10                  a Notary Public of Peoria County, Illinois, on  
11                  the 20th day of March A.D. 2005, at 415  
12                  Hamilton Boulevard, Peoria, Illinois, and  
13                  reduced to printed manuscript.

14                   IT IS FURTHER STIPULATED that the reading  
15           and signing of the deposition by the witness is  
16           hereby reserved.

17 (Witness Sworn)

18

19

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22

23



1 NORMAN R. JOHNSON, M.D.,

2 being first duly sworn, deposes and says as  
3 follows, in answer to

4 EXAMINATION BY MR. SUTHERLIN:

5 Q. Dr. Johnson, my name is Michael Sutherlin, we  
6 introduced ourselves to each other. This is  
7 the first time we've met, as I recall.

8 A. Yes.

9 Q. Can I have your full name, your given name?

10 A. Norman R. Johnson.

11 Q. And your age?

12 A. I'm 66.

13 Q. And could I have your present employment and  
14 position?

15 A. I'm CEO of the Advanced Correctional  
16 Healthcare, Inc.

17 Q. Are you a stockholder as well?

18 A. Yes.

19 Q. And are there any other stockholders?

20 A. My wife.

21 Q. And what's the stock split?

22 A. 50/50.

22 Q. And your wife's name?

23 A. Brenda Johnson.

1 Q. And just a little background. I see you're  
2 married. How long have you been married?

3 A. Well, day by day, you know.

4 Q. I didn't ask for the date.

5 A. Forty-seven years.

6 Q. And do you have any children?

7 A. We have one daughter.

8 Q. And can I have her age?

9 A. She is forty-seven.

10 Q. Okay. Have you ever given a deposition before?

11 A. Yes.

12 Q. Can you tell me how many times and what the  
13 circumstances were?

14 A. Usually they're for evidence. I have done it  
15 for, I think as an expert witness, maybe once  
16 or twice, and I've done it as defense in  
17 lawsuits on two occasions.

18 Q. And you've been an expert as -- I didn't  
19 understand what you --

20 A. It might have been once or twice. It would  
21 have been many years ago.

22 Q. As an expert?

23 A. Yeah. Literally decades ago. It was back when

1 I was in practice in internal medicine.

2 Q. Okay, but more recently you say you've done it.

3 Under what circumstances?

4 A. Usually it's relating to a suit of some type  
5 relating to the company.

6 Q. Okay, you say usually. Let's cover those  
7 first. How many times have you been deposed,  
8 say since 2002 --

9 A. Oh, I'm --

10 Q. -- in cases related to -- One of the things we  
11 have to do is when I ask a question --

12 A. Sure.

13 Q. -- let me finish the question and then you give  
14 the answer, because she'll yell at both of us  
15 for talking over each other. And so sometimes  
16 my questions are a little fact specific, so let  
17 me finish. The question I was about to ask you  
18 was, attempted to ask you was:

19 Since 2002, can you identify how many  
20 times you've been deposed in connection with  
21 litigation involving Advanced Correctional

22 Health Services?

23 A. This would be an approximate number because I

1           did not research this before I came down. I'm  
2           going to say maybe four times.

3       Q.   Four?

4       A.   Yes.

5       Q.   Okay. Let me tell you a little bit about how I  
6           conduct depositions, Dr. Johnson. Ms. Harris  
7           and Mr. Groth have been involved probably in,  
8           by now, eight or nine depositions and I've been  
9           doing them the same for about thirty years.

10               I'm going to ask you a number of questions  
11           about your background, education, employment  
12           training and, more specifically, about your  
13           company, Advanced Correctional Health Services.  
14           If I ask you a question that you need to  
15           reflect on before giving a complete answer, go  
16           ahead and take as much time as you need.

17               If during the course of the deposition you  
18           recall more information or even a different  
19           answer, please interrupt me and we'll let you  
20           correct your previous statement or supplement  
21           your previous answer.

22                   None of my questions are intended to trap  
23                   you or trick you or get you to state something



1           that's an incorrect recollection. So if you  
2           think that I'm asking a question that's  
3           ambiguous or you're not clear about it, I'll be  
4           glad to repeat it or rephrase it.

5                     Your attorney may have some objections to  
6           any of my questions, so if he interrupts or if  
7           he doesn't interrupt but wait till I finish my  
8           question, he may have an objection. Let him  
9           make the objection and then we'll decide  
10          whether you need to answer that question or  
11          not.

12                    If I ask you a question and you don't  
13          recall without referring to a document, it may  
14          be that I'm just trying to test your  
15          recollection or it may be that I have no  
16          problems with you refreshing your recollection  
17          by looking at a document before you give your  
18          answer. But let me make that call because  
19          sometimes the attorney is really trying to get  
20          a comprehensive picture of your understanding  
21          as opposed to the documentation that you may

22           have brought with you.

23                   Do you understand that distinction?

1     A.    I do.  I'm not sure I understand the reason for  
2           that.  I would assume that you would want the  
3           truth to the best of my ability and it may be  
4           lying in the document as opposed to my memory.

5     Q.    Well, sometimes a person's familiarity with the  
6           document reveals a lack of concern or  
7           consideration.

8                 For example, if I asked you your wife's  
9           anniversary or birth date, she might be  
10          offended that she didn't know, even though she  
11          refers to being married, specifically that you  
12          would give a very accurate answer.  You  
13          understand the distinction?

14    A.    Yes.

15    Q.    Okay.  So, with some effort, could you identify  
16          the specific cases that you've given  
17          depositions for with regard to any litigation  
18          involving Advanced Correctional Health  
19          Services?

20                 In other words, you'd be able to identify  
21          that with some effort, I take it?

22       A.     I gave a deposition in a case in Peoria, I  
23             cannot quote the citation of the case, but it's

1 an ongoing case.

2 Q. But you can't identify that --

3 A. Yes.

4 Q. -- I take it?

5 A. Right.

6 Q. Are you aware that your attorney has identified  
7 you as an expert?

8 A. Yes, I believe that was --

9 Q. Do you know what the requirements are for being  
10 an expert?

11 A. Not exactly.

12 Q. Okay. Well, one of the things that I expect to  
13 see from your attorneys is the requirements  
14 under the Federal Rules of Procedure for you to  
15 be certified or qualified as an expert, and  
16 that includes any times you've testified in  
17 depositions in the last four years or so.

18 Can you recall any other cases? You can't  
19 give me the name of this one, but can you  
20 recall any others?

21 A. I really cannot. We can recoup that but I

22           really cannot recall that off the top of my  
23           head.

1 Q. Prior to today's deposition, did you review any  
2 documents, any materials, to refresh your  
3 memory or just acquaint yourself with the  
4 issues you anticipate being asked about?

5 A. Yes, I reviewed the letter of November, I think  
6 it was November 5th or November 9th, from you  
7 in which you had requested specific things.  
8 And I reviewed my CV just to make sure it was  
9 up to date and it was accurate. I reviewed the  
10 training manual that I used when I gave the  
11 initial two-hour lecture in Jackson County.  
12 And I looked over the contract file. I also  
13 reviewed the schedule for Dr. Ahmed because you  
14 asked about that.

15 Q. Anything else?

16 A. I read Dr. Bailey's report.

17 Q. Okay. Anything else?

18 A. No, I believe that was probably it.

19 Q. Okay. So to clarify then, you have not  
20 reviewed other materials.

21 Well, let me ask this question. Have you

22 reviewed any other materials in connection with  
23 doctors with Mr. Wallace's death?



1     A.    I saw the transcript.  There was a transcript  
2           that was taken of the telephone call.  I saw  
3           that.

4     Q.    Of which telephone call?

5     A.    Of the telephone call with Dr. Ahmed.

6     Q.    Okay.  From the jail staff?

7     A.    Yes.

8     Q.    Okay.  Anything else?

9     A.    In the distant past, not -- not in preparation  
10           for this, but in the distant past I had a  
11           chance to look at the records, but I did not  
12           pull them out and did not review them for this  
13           deposition.  That was not part of your request.

14    Q.    I understand.  This is a different question.  
15           Maybe I wasn't clear.

16                 With regard to Mr. Wallace's death, can  
17           you identify the documents or materials that  
18           you did review?

19    A.    I think those that I've listed, I think that's  
20           what I did review.

21    Q.    Were you aware that a state police officer by

22           the name of Detective Sergeant Baize(ph)

23           conducted an investigation?

1     A.     I'm not sure of the name but I know that the  
2           state police did investigate that, yes.

3     Q.     It was a rather comprehensive investigation.  
4           Did you look at his materials?

5     A.     No.

6     Q.     There were many depositions taken in this case,  
7           including that of Dr. Faisal Ahmed. Dr. Faisal  
8           Ahmed gave a deposition. Did you review that?

9     A.     No.

10    Q.     Did you review any depositions?

11    A.     Just the one from the -- if that was a  
12           deposition -- I guess it was an opinion from  
13           Dr. Bailey.

14    Q.     Okay.

15           MR. SUTHERLIN: Grace, could you mark this  
16           Exhibit 1, please.

17                               (Whereupon Deposition Exhibit #1  
18                               was marked and identified for  
19                               the record.)

20           BY MR. SUTHERLIN:

21    Q.     Dr. Johnson, you have a copy in front of you.

22 A. Yes.

23 Q. Is this a document that you've seen before?

1 A. I believe so. I believe I've seen this, yes.

2 Q. And is this the document that notified you of  
3 your deposition?

4 A. Yes.

5 Q. And did it also require you, on page 3, to  
6 bring certain -- page 4, I guess with the  
7 subpoena, with the subpoena to bring certain  
8 materials with you?

9 A. Yes.

10 Q. Okay. And then I think I did attach the letter  
11 that you earlier referred to as last two pages?

12 A. Yes.

13 Q. So did you get this document?

14 A. Yes.

15 Q. All right. Did you bring the materials  
16 identified --

17 A. Yes.

18 Q. -- Identified in the document itself?

19 A. I believe so.

20 Q. Can you go through those?

21 A. Yes.

22 Q. Can I see your personnel file, Doctor?

23 A. Yes.

1 Q. Okay. Now this looks to be a copy?

2 A. Yes, this is the copy of the -- I think it's  
3 everything that you have already.

4 Q. Okay.

5 A. I'm pretty sure that you have all of this.

6 Q. Okay. Well, if it's a copy, then can we mark  
7 this as an exhibit?

8 A. I presume, yes.

9 Q. I mean it's not something you need back?

10 A. No, I don't need that book.

11 MR. SUTHERLIN: Okay, would you mark this  
12 outside envelope then.

13 (Whereupon Deposition Exhibit #2  
14 was marked and identified for  
15 the record.)

16 BY MR. SUTHERLIN:

17 Q. And is this a personnel file that you keep in  
18 the ordinary course of business on Dr. Ahmed as  
19 one of your contract employees?

20 A. Yes.

21 Q. And does it contain all of the materials and

22 items and documents and records which you would  
23 ordinarily include in a contract employee?



1 A. Yes.

2 Q. Okay, and what is Dr. Ahmed's official position  
3 now?

4 A. He is medical director of Advanced Correctional  
5 Healthcare.

6 Q. In 2005 when he was hired, what was his  
7 position?

8 A. He was a duty physician at that time, he was  
9 hired in to go to various jails and perform the  
10 medical services.

11 Q. All right, and the second would be the contract  
12 and negotiation file?

13 A. I think you probably have a copy of that. This  
14 is the contract. Now, did you receive a copy  
15 of the contract from the sheriff?

16 Q. Now, we -- if I may speak sort for everybody,  
17 we had requested a number of documents through  
18 your attorney and they responded and we have  
19 that contract. I just wanted to --

20 A. Okay.

21 Q. -- see if the originals -- I won't mark that, I

22           would like to look at it.

23       A.     This is an original.

1 Q. Okay, I won't mark that.

2 I'm just looking here, but the signature  
3 page appears to be a photocopy.

4 A. Let me take a look. This does look like a  
5 photocopy, so this may be a copy of the  
6 original, but I thought it was the original.

7 Okay, this was back in '05. Since then  
8 we've hired a president and he may have moved  
9 the originals into his and placed copies in  
10 mine, since I don't use mine for anything other  
11 day-to-day work.

12 Q. Okay.

13 A. So that is possible.

14 Q. Okay. But to your -- to the best of your  
15 knowledge this is an accurate --

16 A. Yes.

17 Q. -- copy then --

18 A. Yes.

19 Q. -- of the original contract?

20 A. Yes.

21 Q. Any other documents associated with the

22 negotiation and the contract?

23 A. Not with the negotiation of the contract, no.

1 Q. Okay, number 3: All records of presenting the  
2 protocol or instructions on the use of the  
3 medical protocol to the Jackson County  
4 Sheriff's Department Personnel.

5 A. No --

6 Q. Now let me sort of interrupt you there. I  
7 notice that you have a file. Is there -- were  
8 there any communications back and forth  
9 between --

10 A. Yes.

11 Q. Okay.

12 A. Yes, but they were not --

13 MR. GROTH: Let him finish the question.

14 THE WITNESS: Oh, I'm sorry.

15 MR. GROTH: He was going to specify which  
16 one.

17 BY MR. SUTHERLIN:

18 Q. -- with regard to the negotiations of that  
19 contract?

20 A. No.

21 Q. So there's -- you just show up with no other

22 discussions in writing to the sheriff and the  
23 county commissioners, there's no back and forth

1           communications?

2       A.    There is discussion.  Those are -- You know,  
3           there's handwritten notes, there's various work  
4           sheets.  Those are all financial details.

5                    You haven't asked for any financial  
6           details, I didn't bring any of that with me.

7       Q.    Well, I don't know that I need the financial  
8           details but I was interested in knowing how you  
9           arrived at the contract.  In other words, I  
10          would assume that you sit down with the county  
11          commissioners, maybe the president of the  
12          county commissioners and the sheriffs and  
13          there's some discussions, he asks some  
14          questions, you respond.  You might respond in  
15          writing, you might respond verbally, you might  
16          make notes, that kind of thing.  Do you have  
17          any such things?

18      A.    Well, the way it works is this.  A sheriff has  
19          a problem of some kind, it could be financial,  
20          it could be organizational, it could be risk  
21          management; it could be a number of different

22 things. So they call us because of that  
23 problem.



1           When that happens, once we get the initial  
2           call, then we ask them to fill out a financial  
3           sheet because we can tell from a financial  
4           sheet where management problems exist as a  
5           general rule of thumb.

6           And so from the financial sheet, then we  
7           begin to look to see how the thing could be  
8           structured and then we set down our ideas about  
9           that and that's where the final number comes  
10          in. And then we present that to the  
11          committees.

12       Q.   Okay.  Ho did you present that to the  
13           committee?

14       A.   Well, this was done by the marketing team.  It  
15           wasn't me.  So generally what they do is they  
16           go in and explain what services we believe we  
17           can supply that would improve the services that  
18           the sheriff wishes to have improved.

19       Q.   Is that presentation in writing?

20       A.   There usually is a written presentation that is  
21           presented at that time --

22 Q. Okay.

23 A. -- to the county.

1 Q. Wouldn't that be involved in any sort of  
2 presentation? Wouldn't that be, that  
3 presentation of information to the county  
4 commissioners and the sheriff, part of the  
5 negotiations?

6 A. Yes, it would.

7 Q. Did you bring that with you?

8 A. Well, let me just check. It's frequently put  
9 on as an attachment to the contract. Well, let  
10 me see if it was.

11 Q. Well, there are some numbers to that contract.

12 A. Yeah.

13 Q. But I didn't know if those were initially  
14 presented or those were the end result of  
15 negotiations.

16 A. No, this is the presentation. This is the  
17 record, this is what we planned to do. This  
18 talks about the program, this is what was  
19 presented to them.

20 Q. All right, so let me back up there then, Dr.  
21 Johnson. You were contacted. Were you

22                   contacted by phone or in writing?

23       A.     I do not remember because it would have been

1           the marketing team, it would not have been me  
2           personally.

3       Q.   All right, and does the marketing team then  
4           keep a separate file?

5       A.   Well, they keep their own internal records. I  
6           don't review those but I presume that they have  
7           an ongoing file of their marketing activity,  
8           yes.

9       Q.   So if a sheriff has a problem, as you described  
10          it, most of the problems that they talk about  
11          are financial, they want to save money and as  
12          you say --

13      A.   Not always.

14      Q.   -- and as you say, they may have a management  
15          control problem or a protocol problem and you  
16          may want to respond to that, but I'm assuming  
17          there's something in writing so you know how to  
18          address their concerns when you go down there  
19          to make this presentation.

20      A.   That would be attached to the contract. Yes,  
21          that's what you have.

22 Q. So that's it, there's no intermediate documents  
23 or exchanges?

1     A.    No, there has to be one final thing that we  
2           present and this is what our understanding was  
3           of what they wanted and, therefore, we put this  
4           together and presented this to him.

5     Q.    I understand that.  There's no other  
6           communications between you and the sheriff or  
7           the county commissioners?

8     A.    I have no other communications.

9     Q.    So you make one presentation, they look at it  
10          and they sign it.  Is that what you're telling  
11          me?

12    A.    They usually look at it and they debate it, and  
13          that goes on for a period of time.  And then  
14          they get their lawyers involved and then they  
15          start to read things.

16               And then if there's any changes in the  
17          wording of the contract, they may have various  
18          nuance changes.  We generally don't keep all of  
19          those, we just get it down to the final  
20          contract that they want and then that's the way  
21          it goes.  But the original presentation is put

22           on as -- as an attachment to the contract.

23    Q.    Okay.  You know, you have in this folder here



1 another side to your folder here. Are those  
2 letters or documents that pertain to the  
3 contract?

4 A. Yes.

5 Q. Okay. And may I look at those?

6 A. Yes.

7 Q. I don't need you to take them out of the  
8 envelope.

9 A. Yes.

10 Q. This refers to minutes of a meeting held. Do  
11 you have those?

12 A. Yes.

13 Q. Okay, and this is from a regional nurse, not a  
14 marketing person?

15 A. That's correct.

16 Q. All right. There was another meeting earlier  
17 in July and there were minutes of that meeting  
18 with Shannon McCord and she sent those to  
19 Sheriff Lahrman. Do you have those?

20 A. Yes.

21 Q. May I look at those other sections?

22       A.     Yes.

23 MR. SUTHERLIN: I would like to have

1           copies of this.

2                   MR. GROTH:   Okay.

3                   MR. SUTHERLIN:   All right.

4           BY MR. SUTHERLIN:

5    Q.    The next one, I think I asked about all records  
6           of presenting the protocol or instruction.  Do  
7           you have that?

8    A.    Yes.

9    Q.    May I see that, please?

10   A.    Yes.

11   Q.    Okay.  Is this a copy?

12   A.    Yes.

13   Q.    May I have this?

14   A.    I can make a copy of it for you.  Or how do you  
15           want to do this?

16   Q.    Well, I think our court reporter, when we take  
17           a break she can make some copies.

18   A.    Okay.  This is something I -- it is -- these  
19           are internal documents, so I wouldn't want them  
20           to be spread all over.  We can certainly give  
21           you a copy, I just want to make sure we secure

22           them.

23       Q.     Mr. Groth and I had an understanding if there's

1 something you think is proprietary for you, let  
2 me know and I will agree to that.

3 MS. HARRIS: We will not be sharing that  
4 information with anyone.

5 MR. GROTH: The manual entitled  
6 INTRODUCTION TO CORRECTIONAL HEALTHCARE we  
7 would consider that proprietary and  
8 confidential and we will give you a copy.

9 MR. SUTHERLIN: We'll be using that during  
10 the deposition, so when we take a break we'll  
11 make a copy of it.

12 MR. GROTH: Sure.

13 MR. SUTHERLIN: Okay.

14 BY MR. SUTHERLIN:

15 Q. Number 4. All policies and procedures  
16 pertaining to the performance of the contract  
17 provisions for providing services to Jackson  
18 County Sheriff's Department.

19 A. Okay. Now I don't have those, the sheriff has  
20 those, he has the policies and procedures,  
21 those are internal to them. They're specific

22           to his site.

23       Q.    I understand that.   So you don't have a copy?

1     A.    I do not have a copy.  We do not keep copies of  
2           the sheriff's internal policies and procedures.

3     Q.    Okay.  You are aware that the first copy they  
4           had had your signature line on literally every  
5           protocol?

6     A.    Yes, and that would be because I had signed off  
7           as -- as a health authority in that position.  
8           But we wouldn't keep those copies ourselves,  
9           those would be -- those belong to the sheriff.

10    Q.    The copy that I received was a photocopy.

11    A.    Okay.

12    Q.    So I was assuming that somebody had the  
13           original signed copy and I assume, maybe  
14           incorrectly, that that would have been your  
15           office.

16    A.    No.

17    Q.    Is that not correct?

18    A.    No, that would be the sheriff.

19    Q.    Because one of the copies does not have his  
20           name on it, it's just a general form.

21    A.    Okay.  That would be the sheriff, it's the

22 sheriff's document. We do not keep these

23 copies. We have 96 contracts, we don't keep



1           all of those individual policies. The sheriffs  
2           own them all.

3       Q.    I'd like to go into your background, if I  
4            could.

5       A.    Uh-huh.

6       Q.    Beginning with your undergraduate degree, can  
7            you tell me where you -- I don't have a vitae  
8            unless you brought it with you.

9       A.    I did.

10      Q.    May I see it, please?

11      A.    Sure.

12      Q.    That would solve some of that.

13            All right. Dr. Johnson, you've handed me  
14            what looks to be an original. Is this your  
15            vitae resume?

16      A.    It is.

17      Q.    And it's dated at the end on page 5 February  
18            2008. Do you believe this to be an accurate  
19            and up to date --

20      A.    Yes, it is.

21      Q.    -- resume?

22                   Your attorneys had listed you as an expert  
23                   in a letter dated February the 7th, 2008,

1           indicating they would forward to us your  
2           resume. This is the first time I've seen it.  
3           Mail's slow.

4                     Can we use this one?

5       A.    Yes, you can.

6                     MR. SUTHERLIN: Would you mark this as  
7           Exhibit 3.

8                                     (Whereupon Deposition Exhibit #3  
9                                     was marked and identified for  
10                                    the record.)

11           BY MR. SUTHERLIN:

12       Q.    Dr. Johnson, I'd like to ask you some questions  
13           about -- I guess I understand your education,  
14           I'm going to talk more about your practice and  
15           the category you referred to as experience.

16                     Following completing your residency, it  
17           looks like in 1981 at Saint Francis Medical  
18           Center, you indicate that that residency is in  
19           straight medicine. What does that mean?

20       A.    Well, straight medicine means that it is not  
21           family practice. So I was not trained in

22           obstetrics, I did not spend an inordinate  
23           amount of time in pediatrics; that sort of

1           thing. It was more internal medicine which is  
2           the --

3       Q.    Okay, and that was --

4       A.    -- medical treatment of internal disease.

5       Q.    -- in 1985 you were board certified in internal  
6           medicine?

7       A.    Yes.

8       Q.    And then in 1988 you received extra  
9           credentialing in geriatric medicine?

10      A.    Yes.

11      Q.    What's involved in that?

12      A.    Well, at the time I was doing a lot of nursing  
13           home work and nursing home work is very  
14           structured work and so it is a true specialty  
15           and so I went on for extra training and then  
16           was certified in that.

17      Q.    You also indicate in 2004 you were certified in  
18           addiction medicine?

19      A.    Yes.

20      Q.    Tell me what that means.

21      A.    Well, we were running into more and more

22           problems in the correctional field with the  
23           addicted patient and so I felt that to give the

1 best care I needed to be certified in addiction  
2 medicine so that we would have a better  
3 understanding and be able to handle the  
4 problems of the addicted patient.

5 Q. Okay. You indicate on your resume that from  
6 1982 until 1999 you had a clinical instructor  
7 position at the Peoria School of Medicine.

8 A. Yes.

9 Q. And tell me about that position; what was  
10 involved in that?

11 A. Well, basically, if we admitted patients to one  
12 of the Peoria hospitals, it was possible that  
13 at any one time that we may have medical  
14 students or residents on the case that were  
15 assigned with us and we were certified as  
16 instructors so that we could teach those  
17 residents and teach the students.

18 Q. Did you present classical, you know, classroom  
19 setting?

20 A. I did from time to time, but that was rare.

21 Q. So most of the time it was sort of over site

22 supervision?

23 A. Yes, going on rounds, seeing patients on rounds



1           and discussing patients in the nursing  
2           stations, comparing examinations at the  
3           bedside, doing things like that.

4       Q.   And why did that end in 1999?

5       A.   I stopped admitting to the hospital at that  
6           time.

7       Q.   Can you tell me which hospitals you have  
8           privileges at?

9       A.   At the present time, I don't believe I have  
10          privileges at any hospitals.  Now, I had  
11          privileges at Saint Francis in Peoria,  
12          Methodist Hospital in Peoria and Pekin Hospital  
13          in Pekin, Illinois.

14      Q.   Can you tell me when each of those ended?

15      A.   I cannot.  I would have to refer to the  
16          records.

17      Q.   Would they have ended in the 1980's?

18      A.   I would have to refer to the record.

19      Q.   What record would that be?

20      A.   That would be what you're holding.

21      Q.   Okay, let me hand it back to you.  Unless you

22           have a copy.

23       A.     I don't.   Okay --

1 Q. Refer to which page and section you're reading  
2 from.

3 A. On page 2, it would be in this area right here.  
4 I don't know what section it is. I guess it  
5 would be section EXPERIENCE. The listing reads  
6 as follows:

7 Courtesy staff Saint Francis 1985 to 2002,  
8 courtesy staff Methodist 1985 to 1999, and  
9 Pekin Hospital 1981 to 2003.

10 Q. All right, thank you. Can I have that document  
11 back, please?

12 Thank you. It says that you're involved  
13 in the Indiana State Medical Society Political  
14 Action Committee. What does that mean?

15 A. I believe it's the Illinois.

16 Q. I'm sorry, I meant to say Illinois.

17 A. Yeah, it's the Illinois.

18 The Illinois Medical Society, as all  
19 medical societies, has a political action  
20 commission in which they collect PAC funds from  
21 their members. This committee then debates the

22           merits of various politicians and we support  
23           them financially based upon committee vote. I

1 was one of the committee members.

2 Q. Okay, thank you. It indicates that you were  
3 also on the Board of Directors for the Pekin  
4 Area Physicians Association. What is that?

5 A. That has since disbanded. The Pekin Area  
6 Physicians Association was an HMO from a number  
7 of years ago. It has since disbanded. I was  
8 on the board of directors of that for a short  
9 period of time.

10 Q. Okay. It indicates you're on the Board of  
11 Directors and Treasurer of the Central Indiana  
12 Medical Association. Are you still in that  
13 position?

14 A. May I see that exactly?

15 Q. Under PROFESSIONAL AFFILIATIONS.

16 A. Let's see here. No, that's Central Illinois.  
17 You said Indiana.

18 Q. I'm misspeaking. I keep thinking I said  
19 Illinois but I misspoke. I'm sorry.

20 A. All right. I'm sorry, could you point to the  
21 one that you referred to? I'll try to address

22           it for you.

23       Q.    Board of Directors and Treasurer Central

1           Indiana -- Illinois Medical Association. It's  
2           about in the middle. You were treasurer.

3       A.    What was the other one that you asked me about?  
4           What was the last one?

5       Q.    Pekin.

6       A.    Okay, let me be sure I get these straight here.

7           THE WITNESS: I'm sorry, could you read  
8           back to me his last question on -- not on this  
9           one, but what was the last one that he asked me  
10          about.

11      A.    I apologize, I'm just --

12      Q.    No problem.

13      A.    I've got it.

14      Q.    Okay.

15      A.    Both of these are the same organization, that's  
16           why I was confused. Both of them are the same  
17           organization. One of them I was on the Board  
18           of Directors and Chairman and Treasurer and  
19           another time I was Chairman of Finance but it's  
20           the same organization. It was an HMO.

21      Q.    Pekin?

22       A.     This doesn't say Pekin, it's Central Illinois  
23             Medical Association.



1 Q. But the first one I asked you about was Pekin  
2 Medical.

3 A. Okay. I didn't recall you asking me about  
4 Pekin.

5 Q. Want me to find that one for you?

6 A. Yes. If you can, that would be fine.

7 Q. In any event, it says --

8 A. Oh, this is on committees. Okay.

9 Q. And you told me it had since disbanded?

10 A. Okay, I apologize. I believe the question that  
11 you asked me was on the Central Illinois  
12 Medical Association. That one has been  
13 disbanded.

14 This one is Board of Directors Pekin Area  
15 Physicians Association, and I apologize if I  
16 misheard that. This I believe -- I believe  
17 this is probably the Pekin Medical Association,  
18 which is the -- it's a doctors' group. It's  
19 not Peoria Medical Association and Pekin  
20 Medical Association.

21 I was on the Pekin Medical Association at

22           that time and I was on the Board of Directors  
23           and I think I was even Chairman for one.

1 Q. You understand this is the first time I've  
2 seen --

3 A. Sure, sure.

4 Q. -- this resume, so I'm not familiar with your  
5 credentials and so I'm not as organized as I  
6 might be had I had this in advance.

7 (Cell phone ringing)

8 A. I apologize for this, I'll shut it off.

9 Q. I didn't mention this earlier, but if you have  
10 a need to take any emergency call, please let  
11 us know.

12 A. I'll try not to do that.

13 Q. Well, I don't know how it's up to you. It's up  
14 to whoever calls, I think. But that's  
15 certainly something that we'll make allowances  
16 for.

17 Okay, Past Secretary and Board Of  
18 Directors for the Johnson Fine Jewelry & Bridal  
19 Gifts.

20 A. Yes, my wife owned the store and I was the  
21 secretary on the Board of Directors for that.

22 Q. Past President of the Opera of Illinois,  
23 Peoria, Illinois.

1     A.    Yes I had an interest in opera and I was the  
2            chairman of the opera in town here.

3     Q.    When was that?

4     A.    I'd have to refer to the dates.  It's been a  
5            few years ago.

6     Q.    Okay, all right.  Well, here's what I'm going  
7            to do, I think.  I'm going to hand this back to  
8            you, it's a little hard to interpret Doctor.  
9            Since there's not a date for a lot of those  
10           credentials or activities you may refer to  
11           that, and I'd like you to sort of walk through,  
12           if you would, your medical practice, different  
13           groups you were associated with, different  
14           hospitals that you had privileges at and  
15           different organizations that you may have  
16           provided medical services for up to the present  
17           time.

18    A.    Okay.  Well, I graduated from medical school in  
19           '78, went through my residency training up  
20           until 1981.  In 1981, I started a private  
21           practice in Pekin, Illinois and I was in

22 private practice and on the staff of Pekin  
23 Memorial Hospital.

1 Q. Were you associated with anybody then?

2 A. No.

3 Q. You just had your own office?

4 A. I had my own office. However, within the next  
5 few years I began to recruit physicians and  
6 built a multi-specialty group so that by the  
7 end of my practice, which was middle to latter  
8 part of the '90's, we had a number of primary  
9 care physicians and we had many specialists  
10 that were in the group in one large building.

11 Q. What was the name of the group?

12 A. Pekin Internal Medicine Associates.

13 Q. Is that identified on your resume?

14 A. I do not see it listed.

15 Q. So from 1981, you began to build a practice  
16 with various specialties and you say that  
17 continued to 1995 or late '90's?

18 A. Yes.

19 Q. And it's not on your resume?

20 A. It's not. Looks like it was an oversight.

21 Q. What happened to it?

22       A.     The --

23       Q.     The group.



1     A.    -- group was eventually bought out by Pekin  
2           Memorial Hospital and then they disbanded it,  
3           took various physicians into their own practice  
4           and remodeled the business and used it as an  
5           outpatient setting and things like that.

6     Q.    Okay. With that explanation and clarification,  
7           please continue --

8     A.    Okay.

9     Q.    -- with your history of your practice.

10    A.    Okay, in -- it looks like in about 1985 we  
11           began to expand out then and to open other  
12           offices. We opened an office in --

13    Q.    When you say "we" --

14    A.    We, now we have partners by 1985.

15    Q.    This is your group?

16    A.    This is the group, yeah. So the group began to  
17           expand out and we had offices in Delavan  
18           Illinois, I think we had an office for a short  
19           period of time in Bartonville, and then  
20           eventually I opened an office in East Peoria  
21           with a couple of other doctors and we continued



1           addiction center opened that was called White  
2           Oaks and I was the original physician, along  
3           with another physician, that started that  
4           project.

5                     We worked on the original protocols and  
6           saw patients in that drug addiction center.

7       Q.   Is that identified in your resume?

8       A.   Yes, that is the White Oaks Center Co-Director  
9           1958.

10      Q.   That's under which section?

11      A.   That's under EXPERIENCE.

12      Q.   Okay. This group, did it have -- continue to  
13           have the same name that you earlier referred  
14           to?

15      A.   Pekin Internal Medicine, yes.

16      Q.   And it was a corporation?

17      A.   Yes, it was corporation.

18      Q.   Incorporated in the State of Illinois?

19      A.   Yes.

20      Q.   And these different offices that you opened up,  
21           how would you describe their area of practice

22           or the medical services that they offered?

23    A.    Primary care.

1 Q. Okay, please continue.

2 A. In 1995, I began to get involved with  
3 correctional healthcare, this was through a  
4 friend of mine that worked in the Illinois  
5 prison system.

6 And as I began to learn about it, I began  
7 to put the elements together of the company and  
8 so this friend and I began a company called  
9 Health Professionals, Ltd., and we ran that  
10 company from 1995 until 2002.

11 Q. And who was that other partner?

12 A. Dr. Stephen Cullinan. And his wife was also an  
13 owner of that, Dr. Theresa Falcon.

14 Q. And was that a corporation?

15 A. Yes.

16 Q. Was that incorporated in the State of Illinois?

17 A. Yes.

18 Q. Okay.

19 A. In 2002 we split that company apart and they  
20 took virtually all the prison work, I took a  
21 number of jails and I continued to grow my

22           business and they continued to grow their  
23           business. And so from 2002 until the present

1           then, I've continued to grow Advanced  
2           Professional Healthcare.

3       Q.    Okay. And in looking at your resume, it would  
4           appear that you've also had some experiences in  
5           nursing homes and other facilities?

6       A.    Yes.

7       Q.    I don't know if there were any dates on that.  
8           You have it in front of you.

9       A.    No, there aren't any dates on it but I can give  
10          you approximate dates.

11               What we did was to go to nursing homes  
12          and --

13       Q.    Again "we" is the --

14       A.    Well --

15       Q.    Is that --

16       A.    -- let me rephrase that. I went to nursing  
17          homes because this really was my thing. It  
18          was -- the money all came into the corporation  
19          though, it was just that I did a practice that  
20          was different from other people. But the money  
21          was shared among all of the partners.

22                   So that's the way it worked, it all came  
23           in. But what I did specifically was I went to



1           the nursing homes and became the medical  
2           director of these homes and then I provided  
3           many of the policies, procedures and protocols  
4           and developed the systems of healthcare for the  
5           elderly. And that was the period that I went  
6           on to become certified in geriatric medicine.

7       Q.   And that was the Pekin Medical Group?

8       A.   Yes, I was in the Pekin Medical Group at the  
9           time that I did that.

10      Q.   And the income generated from the medical  
11           services provided to these nursing homes and  
12           geriatric centers were included in the income  
13           for the corporation?

14      A.   Yes --

15      Q.   Okay.

16      A.   -- they were.

17      Q.   Then if I understand, in 19 -- 2002 you and  
18           your partner agreed to, I guess, split the  
19           practice?

20      A.   Yes.

21      Q.   He kept the old name?

22      A.      Yes.

23      Q.      And then you created the new company?

1 A. Yes.

2 Q. And that was called --

3 A. Advanced Correctional Healthcare.

4 MR. SUTHERLIN: Why don't we take a break  
5 right now, if we could, and then we can copy  
6 these things because I'll be asking you  
7 questions about the documents.

8 MR. GROTH: That's fine.

9

10 (Whereupon a short recess was  
11 taken and proceedings resumed as  
12 follows.)

13 BY SUTHERLIN: We'll go back on the record  
14 and mark these individually.

15 (Whereupon Deposition Exhibits  
16 #4, #5 and #6 were marked for  
17 identification)

18 BY MR. SUTHERLIN:

19 Q. Just to clear up a couple of things, Dr.

20 Johnson. Earlier when I was asking you about  
21 documents that you brought with you, you

22 indicated that you brought a number of  
23 documents and they were originals, so we've now

1 copied them.

2 (Whereupon Deposition Exhibit #4  
3 was identified for the record.)

4 BY MR. SUTHERLIN:

5 Q. I'd like you to look at Plaintiff's deposition  
6 Exhibit #4 and tell me what that is.

7 A. This is an outline of the lecture that I gave  
8 to the correctional officers at Jackson County.

9 Q. Okay. And is this a similar outline or  
10 identical outline to the correctional officers  
11 that you would give in the various jails that  
12 you have contract with?

13 A. The outline is similar to what I would give in  
14 various jails. This is not given to the  
15 officers. I use it as my notes as I speak to  
16 them.

17 Q. Okay, so it's your outline prompting you --

18 A. Yes.

19 Q. -- as you give it?

20 A. Yes.

21 Q. Okay.

22 (Whereupon Deposition Exhibit #5  
23 was identified for the record.)

1 BY MR. SUTHERLIN:

2 Q. And Exhibit #5, would you identify what that  
3 is.

4 A. This is the contract between Jackson County and  
5 Advanced Correctional Healthcare.

6 Q. And as we already talked about, this is maybe a  
7 copy, but as far as you know, it's identical to  
8 the original?

9 A. As far as I know.

10 (Whereupon Deposition Exhibit #6  
11 was identified for the record.)

12 BY MR. SUTHERLIN:

13 Q. And (sic) Exhibit #7 is actually a number of  
14 letters. Would you identify what Exhibit #7  
15 is.

16 MR. GROTH: You said #7 but it says #6.

17 MR. SUTHERLIN: I'm sorry, #6 then. I  
18 misspoke.

19 A. Exhibit #6 is a series of letters between  
20 Jackson County and Advanced Correctional  
21 Healthcare.

22 Q. Okay, there's one item missing. In your book,  
23 if you'd open it up. Open to this section over



1           here.

2                   MR. SUTHERLIN: I'd like that copied as  
3           well.

4                               (Whereupon a short recess was  
5                               taken and proceedings resumed as  
6                               follows.)

7                   MR. SUTHERLIN: Would you mark these.

8                               (Whereupon Deposition Exhibits  
9                               #7 and #8 were marked and then  
10                              identified for the record)

11           BY MR. SUTHERLIN:

12   Q.   I'm going to ask you then to identify  
13           Plaintiff's Deposition Exhibits #7 and #8 and  
14           tell me what each of those are, please.

15   A.   Exhibit #7 is a copy of the CQI minutes of the  
16           meetings. Exhibit #8 is a copy of the initial  
17           Jackson County Strategic Plan.

18   Q.   Could you tell me what CQI minutes are?

19   A.   Continuing Quality Improvement.

20   Q.   And these have dates on them. Are these the  
21           dates then that these quality improvement

22 assessments were determined?

23 A. They're the dates that the meetings were held.

1 Q. Okay. All right, we'll come back to that.

2 And then the Jackson County Indiana  
3 Strategic Plan, Exhibit #8, what did that -- It  
4 has your name at the very end.

5 A. Yes.

6 Q. Is that something that you prepared?

7 A. Yes, this is a document that I prepared after  
8 my initial assessment on the startup day, the  
9 day that I gave the initial two-hour  
10 presentation.

11 At that time I went through the facility  
12 and analyzed it from the standpoint of where  
13 could we help, what things could we make  
14 improvements in and that sort of thing. And  
15 this document then explains that.

16 Q. Okay, and this -- this was prepared before the  
17 contract was executed or afterwards?

18 A. Afterwards.

19 Q. All right. And so how did this then aid you or  
20 facilitate the implementation of the contract  
21 that had already been signed between your

22 organization and Jackson County officials?

23 A. This allowed us to look for areas that we felt

1           we could make improvements in line with the  
2           sheriff's wishes. Not all of it is pursuant to  
3           the contract per se, but it's all in the vein  
4           of wanting to make continuing improvements in  
5           healthy delivery at the Jackson County Jail.

6                       So the action items were then written at  
7           the tail end of that.

8       Q.    May I have that back?

9       A.    Sure.

10      Q.    Now, was the sheriff given a copy of this?

11      A.    Yes.

12                   MR. SUTHERLIN: Tracy, have you ever seen  
13           this?

14                   MS. HARRIS: I haven't seen this. It  
15           doesn't mean I don't have it.

16                   MR. SUTHERLIN: Off the record.

17                               (Whereupon a discussion was held  
18                               off the record.)

19           BY MR. SUTHERLIN:

20      Q.    Let's talk about then your organization,  
21           Advanced Correctional Health Services, Inc.

22                   Do you recall who the officers are of that  
23           corporation?

1     A.    I'm the president and my wife is the  
2           vice-president.

3     Q.    Okay, and do you and your wife own the shares  
4           50/50?

5     A.    Yes.

6     Q.    And it was formed in 2002?

7     A.    Yes.

8     Q.    And have you kept your corporation in good  
9           standing with the State of Illinois?

10    A.    Yes.

11    Q.    I'd like you to identify each and every  
12           employee that was on your payroll as an  
13           employee of the corporation, not an independent  
14           contractor, and their positions in, let's say,  
15           2005 when you began to negotiate with the  
16           Jackson County Sheriff's Department.

17    A.    I would have to ask for employment records.  
18           The reason for that is that we probably  
19           employed in the neighborhood of a hundred  
20           people or more spread out over many states and  
21           I could not recall that by memory.

22 Q. Well, I'm not talking about contract employees.

23 I'm talking about your corporation.



1 A. Okay. All right, I can probably do most of  
2 that --

3 Q. Okay.

4 A. -- in 2005. Diane Anderson would have been  
5 head of marketing.

6 Q. Okay.

7 A. Karen Stocke would have been head of medical  
8 operations.

9 Q. Was she a nurse?

10 A. Yes.

11 Q. Okay.

12 A. I believe Les Singleton was a sales person with  
13 our team at that time.

14 Q. What did that mean?

15 A. Well, he would go out, give presentations to  
16 counties, communicate with them. He would go  
17 to, oh, state meetings and maybe set up a  
18 booth, a show booth, and he would man the  
19 booth, write down contacts, field phone calls  
20 coming in.

21 Q. Okay.

22       A.     In 2005, Bev Wilson was head of accounting.

23             Uh, I -- That may have been it. We've grown a

1           lot since then but I believe at that time  
2           that's where we were.

3       Q.    Dr. Johnson, when I went on your web site --  
4            You have a web site, do you not?

5       A.    Uh-huh.

6       Q.    And you listed your staff at that time --

7       A.    Uh-huh.

8       Q.    2005 --

9       A.    Okay.

10      Q.    -- and 2006.

11                   Is it fair to say that you were the only  
12           medical doctor on the employment of the  
13           Advanced Correctional Health Services company?

14      A.    I don't think that's correct.

15      Q.    Who was the other doctor?

16      A.    Well, I would have to refer to records on that.  
17            At the present time, we employ about 20-some  
18            physicians, I believe, and in 2005 --

19      Q.    I'm not talking about contract employees, I'm  
20            talking about on staff that are actually part  
21            of your corporation's employment.

22      A.      Oh, that work in the corporate office?

23      Q.      Yes, uh-huh.

1     A.    There were no other doctors in the corporate  
2           office.

3     Q.    And your nurse, Ms. Stocke --

4     A.    Yes.

5     Q.    -- was the only other medical person on staff?

6     A.    In the corporate office.

7     Q.    In the corporate office. All the other  
8           physicians you referred to were independent  
9           contractors; is that correct?

10    A.    No, some were employees and some were  
11          independent contractors.

12    Q.    Can you identify -- First of all, was Dr.  
13          Faisal Ahmed an independent contractor when you  
14          hired him in 2005 or an employee?

15    A.    I think he was an employee.

16    Q.    Okay. And would you be able to refer to his  
17          employment file to determine that?

18    A.    I probably could.

19    Q.    I'm going to have to ask for opinions here.  
20          I've got a W-9 for Faisal Ahmed and it says  
21          check appropriate box and it says individual.

22                   Would that indicate that he was an  
23           individual employee as opposed to corporation

1 or opposed to a contracted individual. Does  
2 that tell us that?

3 A. Well, I don't know.

4 MR. GROTH: I think just the fact he's got  
5 a W-9 it's a contractor. Because if he was a  
6 regular employee, he would have a W-2.

7 THE WITNESS: Is that the way it is?

8 A. Okay. Well, then maybe he was a contractor at  
9 that time. He's an employee at this time.

10 Q. I'm sure he was independent contractor at that  
11 time.

12 A. Okay, then that could be.

13 Q. That's what the contract says he was. If you  
14 read through the contract, that's what he  
15 appears to be.

16 A. I did not read through this contract. So that  
17 could be.

18 Q. Now you just referred to Plaintiff's Deposition  
19 Exhibit #2 to assist in recalling whether or  
20 not Dr. Faisal Ahmed was an employee of the  
21 corporation or an independent contractor. I

22 think we've agreed, in looking at that  
23 document, that he is an independent contractor.



1           Is that correct?

2       A.    Okay.

3       Q.    All right, I'm going --

4                   MR. SUTHERLIN:  Would you mark this  
5       Plaintiff's Exhibit 9.

6                               (Whereupon Deposition Exhibit #9  
7                               was marked and identified for  
8                               the record.)

9       BY MR. SUTHERLIN:

10      Q.    I'm going to hand you what is marked as  
11      Plaintiff's Deposition Exhibit #9 and ask you  
12      to take a look at that.

13      A.    Okay.

14      Q.    Did the plaintiffs request the personnel file  
15      of Dr. Ahmed?

16      A.    Yes.

17                   MR. GROTH:  I think they did.  What number  
18      is it?

19      A.    Here it is, right here.  Request number 1, yes.

20      Q.    Can you explain why that response is so much  
21      less than the one you brought with you today?

22      A.      No.

23      Q.      Did you assist in any way in preparing that

1 response in gathering the documents --

2 A. No.

3 Q. -- that would be -- Let me finish the  
4 question -- that would be responsive to the  
5 request for Dr. Faisal Ahmed's complete  
6 personnel file?

7 A. No. This -- Okay.

8 Q. Do you want to add something?

9 A. Yes, I would. My guess is that this -- it's a  
10 pure guess, that this may not have been as  
11 complete as it is today because his file  
12 continues to that.

13 Q. Let me show you something to help you out a  
14 little bit.

15 A. Okay.

16 Q. It was returned to us on October 26 of '07.

17 Now, it isn't --

18 A. It isn't that far back.

19 Q. Clearly, there could be some additional things.  
20 But as I look through this, the vast majority  
21 of that -- vast majority of that predates this

22 request.

23 A. I have no explanation for that.

1 Q. Have you ever been sued for medical malpractice  
2 in any states?

3 A. Yes.

4 Q. Which states?

5 A. Illinois.

6 Q. And when did that happen?

7 A. It would have been back in maybe '91.

8 Q. Okay.

9 A. And then again probably in maybe '99.

10 Q. Okay. What were the allegations in each of  
11 those complaints?

12 A. On the first one, the allegation was that I did  
13 not hospitalize a patient that was in  
14 congestive heart failure.

15 Q. And what was the outcome of that?

16 A. We paid either fifty or a hundred thousand  
17 dollars on that.

18 Q. Who's the "we"?

19 A. The corporation.

20 Q. Okay.

21 A. I should say the insurance company.

22 Q. Okay. And I'm unfamiliar with the process in  
23 Illinois. Were you actually identified as a

1           defendant and the corporation identified as a  
2           defendant in this lawsuit?

3       A.    I don't remember if the corporation was. I  
4           was.

5       Q.    Okay. And was this in connection with any  
6           specific services, medical services, you were  
7           providing to a healthcare or geriatric or  
8           nursing facility?

9       A.    No.

10      Q.    What was it -- what services were you  
11           providing?

12      A.    This was in line with our internal medicine  
13           practice.

14      Q.    Okay. And a second lawsuit you said was 1999?

15      A.    Yes. That was in line with our nursing home  
16           work. It did not -- Well, let me state that  
17           again.

18                   It had to do with a patient who was  
19           admitted under my name but actually belonged to  
20           another doctor.

21      Q.    And how was that?

22      A.      Well, sometimes --

23      Q.      How did that happen?



1     A.    -- when they're sent in, and I was the medical  
2           director, they automatically put my name on the  
3           chart is what happened. And I went down to see  
4           the patient and he said, You're not my doctor,  
5           I see doctor so-and-so. I said okay and that  
6           was the end of the case.

7     Q.    And were other doctors named as defendants, as  
8           well, in that case?

9     A.    No, I was the only one identified.

10    Q.    Okay, and what was the outcome of that?

11    A.    There was a judgment. It was a group judgment  
12           of about 900,000. And I don't know what  
13           portion we paid, I can't tell you, but I think  
14           it was probably half of that would be my guess.

15    Q.    Who were the other defendants in that suit?

16    A.    The other defendant was Health Professionals  
17           and they had employed a nurse practitioner that  
18           had worked in this -- in this nursing home.

19    Q.    And she was in --

20    A.    She is --

21    Q.    -- the group you were associated with?

22      A.      Yes.

23      Q.      So the group that you were associated with then

1 was sued as one of the defendants?

2 A. Yes.

3 Q. Okay. Any others?

4 A. No.

5 Q. Have you ever had your license suspended or  
6 have you ever been placed on probation?

7 A. No.

8 Q. Has any hospital ever revoked privileges?

9 A. No.

10 Q. I'd like you to talk a little bit about the  
11 hiring process of Dr. Ahmed. I know he was  
12 hired as an independent contractor for Advanced  
13 Correctional Health Services. Did you have a  
14 prior relationship with him before 2005?

15 A. Yes.

16 Q. Can you tell me what that was?

17 A. I believe he worked for us around the tail end  
18 of our association through HPL and I think that  
19 he worked in Menard Prison at that time as an  
20 HPL employee. I was the CEO of the company at  
21 that time.

22 Q. Where is the Menard Prison located?

23 A. Chester, Illinois.

1 Q. Okay.

2 A. And so I knew of him. At that time, I knew of  
3 his skills, I did not know him very well  
4 personally at that time.

5 Q. And so was he an employee of that organization?

6 A. Well, once again, I was not involved with those  
7 details. I thought he was but maybe he was an  
8 independent contractor. But I thought he was  
9 an employee.

10 Q. Did you examine his personnel file and his  
11 application for employment before today's  
12 deposition?

13 A. No, I did not.

14 Q. So you weren't familiar with the details of his  
15 hiring?

16 A. No, I remember exactly because I was the one  
17 that made phone calls myself about him.

18 Q. About him and the hiring decision made --

19 A. Yes.

20 Q. -- in 2005.

21 A. Yes, I was the one who made the decision to

22           hire him.

23    Q.    Okay, let's talk about that.  You made the

1           calls and I assume based upon his application  
2           for employment?

3       A.    Yes.

4       Q.    Do you have that with you in your personnel  
5           file?

6       A.    I believe we have a copy of it.

7                   MR. GROTH:  I have it.

8                   THE WITNESS:  Okay.

9           BY MR. SUTHERLIN:

10       Q.    You're now looking at Plaintiffs Deposition  
11           Exhibit #2.  Would you look through that and  
12           find his application for employment in 2005?

13                               (Long pause in proceedings)

14       A.    I'm sorry, it's going to take me a while to dig  
15           through this.

16       Q.    That's fine.

17                   MR. SUTHERLIN:  Let's go off the record.

18

19                               (Whereupon a short recess was  
20           taken and proceedings resumed as  
21           follows.)

22 BY MR. SUTHERLIN:

23 Q. Dr. Johnson, originally I had asked you to look



1 at Deposition Exhibit #2 which was the  
2 personnel file of Dr. Ahmed that you brought  
3 with you, and it seems to be a more complete  
4 file.

5 Since then I've handed you while we were  
6 on break the response given by the defendants  
7 to the request for Dr. Faisal Ahmed's personnel  
8 file which does have, at least on top, what I  
9 believe to be his application for employment.  
10 Is that correct?

11 A. That appears to be correct.

12 Q. Okay. Looking through that, I'm going to ask  
13 you some questions about his employment hiring.

14 You said you had some knowledge of him  
15 from a previous relationship. Was that at  
16 Menard?

17 A. Yes.

18 Q. Was that named after the --

19 A. There's a Menard County. And I think there was  
20 a Senator Menard at one time. I think that's  
21 how it was named.

22 Q. Did you personally interview Dr. Faisal Ahmed?

23 A. Yes.

1 Q. Okay. And did you review his application?

2 A. No.

3 Q. Why not?

4 A. Well, because that's the paperwork issue. What  
5 I wanted to do was to talk to him personally.  
6 I knew of his skill set. That I knew. What I  
7 wasn't sure was his personality and I wanted to  
8 get familiar with his personality. And the  
9 only way I felt I could do that was to talk to  
10 people that I knew personally and intimately  
11 that knew him personally and intimately and  
12 that turned out to be his program director at  
13 his residency.

14 Q. Which was where?

15 A. In Saint Francis in Peoria, Illinois.

16 Q. And so you spoke to that individual?

17 A. I talked to Dr. Sarah Rusch who was his program  
18 director at that time.

19 Q. Rusch?

20 A. Sarah Rusch, yes.

21 Q. Anyone else? Did you speak with anyone else?

22      A.      I spoke to Dr. Adrian Finnerman.

23      Q.      Who is he?

1     A.    Dr. Adrian Finnerman was the medical director  
2           at Health Professionals and worked very closely  
3           with Dr. Ahmed down at Menard Prison, so he had  
4           intimate knowledge of his skills and that sort  
5           of thing.

6     Q.    Referring to each of those by name, what did  
7           much of them say about Dr. Faisal Ahmed?

8     A.    They said this was an excellent physician, that  
9           the only time that he could be difficult is if  
10          he felt an inmate's health was in jeopardy or  
11          there was some structural problem in policy and  
12          procedure that was getting in the way of good  
13          health care, then he would stand his ground and  
14          see to it that things were done correctly,  
15          which is exactly what we needed in our system.

16    Q.    So you never did review his personnel  
17          application?

18    A.    I didn't look at his licenses, I didn't look at  
19          those things, no.

20    Q.    Did you look at his employment history?

21    A.    Not any further back than HPL since we'd had --

22 I was aware of that.

23 Q. Did he share with you any other history,

1           employment history incidents or of any events  
2           that were of significance?

3       A.   He shared with me an incident that occurred, I  
4           believe it was in the state of Nebraska, in  
5           which there was an issue going on about the  
6           level of health care that the state of Nebraska  
7           was providing for the inmates.

8                   He, as I understand it, I did not review  
9           any documents concerning this, but what he told  
10          me was that this went so far as senate  
11          investigations into the practice of the  
12          Department of Corrections, he was testifying I  
13          believe for the plaintiffs at that time, and I  
14          believe that's what I understand.

15       Q.   Did you look into any of that?

16       A.   I did not.

17       Q.   Do you know whether or not he was disciplined  
18           or recovered any adverse employment actions?

19       A.   Certainly, when you go up against the state,  
20           you would expect there to be, but I don't know  
21           of any myself but you would certainly expect

22           that you were going against the state to try to  
23           get them to change things if something adverse



1           happened to you, yes. But I'm not aware  
2           personally.

3       Q.    You didn't personally verify any of that?

4       A.    No.

5       Q.    Did anybody in your corporation in into his  
6           background?

7       A.    Well, we looked into his background. We did,  
8           for example, fill any background checks. We  
9           looked at data bank entries, we looked at that  
10          sort of thing.

11      Q.    Uh-huh.

12      A.    But that's all done by the various HR clerks,  
13           Human Resources clerks.

14      Q.    Who would have been the HR person designated at  
15           that time?

16      A.    It probably was Shelly Neilson.

17      Q.    Okay. Do you know whether or not she verified  
18           any of the employment history of Dr. Ahmed?

19      A.    I believe she probably would have.

20      Q.    And would you be able to tell from the record  
21           that she did that? In other words, a lot of

22           times there is sort of a verification form or  
23           initial next to employment history that

1           indicate checks out okay.

2       A.    I, after reviewing this briefly, do not  
3           identify a specific area. The decision was  
4           made by committee and then -- including the HR  
5           representative, as well as Karen Stocke and  
6           myself. That's how that decision was made.

7       Q.    Tell me how it is made by committee then.

8       A.    We all get together and I ask questions. I  
9           have the final responsibility in this case.

10      Q.    Uh-huh.

11      A.    So I said, Well, does his background check out?  
12           Yes, everything was fine, we have no problems  
13           at all.

14                   What do we know about his personality? I  
15           got a report on that. Do we know about his  
16           skill set? I reported on what Adrian Finnerman  
17           had told me about that and what I knew on that.

18                   And so that's how it was done.

19      Q.    Okay. Do you know where he lived at the time  
20           he applied?

21      A.    I believe he lived in Missouri.

22 Q. Do you know where in Missouri?

23 A. I think it would have been in St. Charles or

1 Charleston.

2 Q. St. Louis?

3 A. Someplace -- someplace over on the western side  
4 of St. Louis.

5 Q. Okay. Near St. Louis though?

6 A. Yes.

7 Q. Did that cause you any concern that he was that  
8 far away?

9 A. No, because we have contracts in multiple  
10 states all over, including Missouri.

11 Q. Looking at that contract that you have before  
12 you, the initial contract, is that a standard  
13 contract that you utilized when hiring  
14 independent contractor physicians?

15 A. Yes, this was the contract that we used at this  
16 time.

17 Q. All right, and how did you determine --

18 MR. SUTHERLIN: Steve, can I have that  
19 back?

20 MR. GROTH: Sure.

21 MR. SUTHERLIN: Thank you.

22 BY MR. SUTHERLIN:

23 Q. How did you determine the compensation for Dr.

1 Ahmed?

2 A. We do it based upon the contract requirements  
3 and we placed the value of \$150 an hour per  
4 contract hour that is required, and the  
5 contract hour is based upon the needs of the  
6 facility, the size of the facility, so on and  
7 so forth.

8 And then, in addition, he also took call  
9 on a number -- in a number of states and then  
10 we compensated him extra for that.

11 Q. And how much did you compensate him for that?

12 A. \$4,000 per state.

13 Q. Okay, and is he -- is he required to keep time  
14 records?

15 A. He turns in a document to payroll on a regular  
16 basis that kind of tells us where he has been  
17 and where he goes and that sort of thing.

18 Q. But that's not the same thing as a time record?

19 A. Well, it is. Uh, well, let me restate that.  
20 It may not have the exact times. I'm not sure  
21 if it has the times. It would probably have

22           the days that he was in the jail. It would  
23           have that but not the specific times.



1 Q. How many hours is he required to work under the  
2 terms of your contract?

3 A. As much as is necessary.

4 Q. Can you find specific requirement in your  
5 contract language?

6 A. No, it's as much as is necessary.

7 Q. Well, can you find that language then in the  
8 contract?

9 A. Well, I -- Let me see.

10 Q. It's your contract.

11 A. Yes. Just a minute here.

12 Okay, if I may read this description of  
13 services that he is to provide.

14 Q. Okay.

15 A. "Beginning --"

16 Q. Refer to the section.

17 A. This is page one.

18 Q. Okay.

19 A. Number 1. DESCRIPTION OF SERVICES.

20 Q. Okay.

21 A. "Beginning on October 17th, 2005, contractor

22           will provide the following services:   Staff  
23           physician at the county jail facilities listed

1 in the attached staffing schedule. Those  
2 duties include on-site inmate medical care and  
3 treatment, case management and documentation,  
4 24/7 physician call and supervision of on-site  
5 medical staff. Details are listed in the  
6 physician privilege sheet and approved by the  
7 ACH medical director."

8 So it's open ended because one time he  
9 might need to be there thirty minutes, another  
10 time he might need to be there two hours,  
11 another time he might need -- there might be no  
12 need for him to go. And so the services are to  
13 be provided whatever it takes and that's why  
14 you can't be specific about that.

15 Q. All right, and so is it your testimony then  
16 that in some instances he doesn't even have to  
17 go to the county that he's scheduled to go to?

18 A. If there is no work for him.

19 Q. How would he determine that?

20 A. He would receive a call from the medical nurse  
21 or the medical officer stating there was no

22           patients for him to see that day.

23       Q.     And you would leave that up to her judgment?

1           Is that the way it works in your protocol?

2       A.    If there is no sick calls, there is no sick  
3           calls.

4       Q.    That's not the question I asked you.

5       A.    I'm sorry.

6       Q.    The question is, would you leave it up to the  
7           nurse to make that judgment call whether or not  
8           Dr. Ahmed was needed?

9       A.    Yes.

10      Q.    And is that typical of the way you would do  
11           this?

12      A.    Yes.

13      Q.    So even if a person had a -- say, an incident  
14           in the jail prior to his visit, the doctor  
15           would not necessarily be required to see that  
16           patient face-to-face?

17      A.    It would depend on what the incident was, it  
18           would depend on if the patient would give  
19           permission to be seen. It would depend on a  
20           lot of different things.

21      Q.    My question to you is if, in fact, there's an

22               incident, who is the gatekeeper for that?

23               MR. GROTH: I object to the form of the

1 question because the incident is not defined.

2 But if you have an answer, you can give  
3 it.

4 THE WITNESS: I don't know that I do.

5 A. There is no gatekeeper system. The point is  
6 that a sick call slip is entered by the  
7 inmates, these are then reviewed by the nurse,  
8 the nurse then calls the doctor on virtually  
9 every sick call, the doctor makes decisions  
10 over the phone based upon that. And that's the  
11 way it works.

12 Now if you have an incident, then maybe  
13 there wasn't a sick call slip, but then what  
14 you would do is you would advise the patient  
15 that they need to be seen but then it would be  
16 up to the patient to determine whether they  
17 will allow the doctor to see them.

18 Q. And you're sure about that? You think that's  
19 the medical appropriate requirement?

20 A. I'm sure that that's the way that all jails  
21 run.

22 Q. Really?

23 A. You can't force a patient to be seen.



1 Q. But how is -- My question is, since the doctor  
2 isn't asking the patient himself, aren't you  
3 relying upon the nurse in this particular case  
4 or any other designated person to inform the  
5 doctor?

6 A. Yes.

7 Q. And he has to rely upon that nurse?

8 A. Yes.

9 Q. Okay. So if there's an event and the nurse  
10 fails to inform the doctor of that event, he  
11 wouldn't know necessarily whether or not that  
12 patient should be seen or not; correct?

13 A. I guess he wouldn't know if he wasn't told.

14 Q. When you hired Dr. Ahmed, did you give him a  
15 number of jails or detention facilities that he  
16 was assigned to?

17 A. Yes.

18 Q. And is that found in his contract?

19 A. Yes.

20 Q. And what were they?

21 A. The Saline County Jail in Harrisburg, Illinois,

22           the Randolph County Jail in Moberly, Missouri,  
23           the Buchanan County Jail in St. Joseph,

1           Missouri, the Pettis County Jail in Sedalia,  
2           Missouri.

3       Q.   And that was it?

4       A.   I believe so.

5       Q.   And that assignment was given to him when?

6       A.   This was initial 10/17/05.

7       Q.   And for those services, how much were you then  
8           going to pay him?

9       A.   I would need a calculator. It's going to pay  
10           him \$150.00 per hour, there was a total of five  
11           hours of work. And then, in addition,  
12           \$4,000.00 a year for taking call for each state  
13           where he takes call. And I don't have the  
14           states that he's taking call listing at this  
15           point.

16      Q.   Is that identified in your contract?

17      A.   I don't see that it is. I don't see that it  
18           is.

19      Q.   May I see it?

20      A.   Yes.

21      Q.   All right. I'm going to call your attention to

22           a couple of things. Would you agree that your  
23           form dated -- on Plaintiff's Exhibit #9 your

1 form dated -- Advanced Correctional Healthcare  
2 Independent Contractor Data Sheet dated 10/9/05  
3 is pretty clear that he's an independent  
4 contractor?

5 See at the top where it's designated what  
6 it is.

7 A. Thank you. Yes, I do see that.

8 Q. That's your form, is it not, Doctor?

9 A. Yes, but I don't work with this form. Yes, I  
10 can see that.

11 Q. There's another page, it's called ADVANCED  
12 CORRECTIONAL HEALTHCARE WORK FOR HIRE  
13 AGREEMENT, which specifically says RELATIONSHIP  
14 OF PARTIES, paragraph 4: It is understood by  
15 the parties that the Contractor is an  
16 INDEPENDENT CONTRACTOR.

17 A. Okay.

18 Q. And it has a place here -- I guess somewhere --  
19 you signed off on that on page 3?

20 A. Okay.

21 Q. If you'll look at that.

22      A.      Okay, yes.

23      Q.      So do you agree that there's no question he was

1 an independent contractor and you approached  
2 him for hire on that status?

3 A. Yes.

4 Q. And that was dated 10/17/05, was it not, the  
5 date of your signature and the date of Dr.  
6 Ahmed's signature?

7 A. Yes.

8 Q. All right. You then referred to a page 4,  
9 which listed a number of jails for all  
10 occasions. Following that, there is an  
11 Advanced Correctional Healthcare, Inc.  
12 Acknowledgment of Vehicle Use Policy, and  
13 another document called Acknowledgement of  
14 Anti-Harassment Policy, Acknowledgment of  
15 Corporate Credit Card Policy, and then the  
16 Independent Contractor Data Sheet is again  
17 repeated. But behind that is a sheet Staffing  
18 and Salary Schedule.

19 Does that refresh your memory?

20 A. This would have been a revised schedule. These  
21 schedules change fairly rapidly and so this

22           would be an undated one.

23       Q.     And when was it updated?



1 A. Well, it's dated February 24th of '06.

2 Q. Okay. So in February 24th of '06, these would  
3 have been the jails that Dr. Faisal Ahmed was  
4 to visit?

5 A. Yes, I believe that is correct.

6 Q. And are there twenty of them?

7 A. Yes.

8 Q. And does it set out in there the compensation  
9 for Dr. Ahmed?

10 A. Yes.

11 Q. And what is that compensation?

12 A. The entire compensation is \$214,800.00 per  
13 year.

14 Q. And that includes the \$4,000.00 for visiting  
15 each of several states?

16 A. Yes.

17 Q. All right. Does that refresh your memory now  
18 about his compensation?

19 A. I'm sure this is correct.

20 Q. Okay. It's from your own records, is it not?

21 A. Yes, it's from the office records.

22 Q. This page is not numbered, but I would like you  
23 to look at this page. It says Advanced

1           Correctional Healthcare, Inc. Vacation/Sick Pay  
2           Worksheet.

3                   Would you look at that? I'd like to ask  
4           you some questions about that.

5    A.    Okay.

6    Q.    He's an independent contractor. How is it that  
7           you provide some computation for sick days and  
8           vacation?

9    A.    I think he's always salaried, so -- and I don't  
10           know if I have an answer for you.

11   Q.    Well, do you know the difference between an  
12           independent contractor and a salaried employee?

13   A.    Well, a salaried employee would be someone that  
14           would, I presume, have insurance, would have  
15           401(k), would have all the benefits that we  
16           have.

17   Q.    And an independent contractor would be somebody  
18           who would have to look after those things  
19           himself?

20   A.    Yes, I believe that is correct.

21   Q.    So how is it then that he's entitled to

22            vacation and sick days under your arrangement?

23        A.    I think it's part of the agreement that he

1           needed to have days off. And that was part of  
2           our original agreement off.

3       Q.   And how is that computed?

4       A.   This is done internally in the Accounting  
5           Department and I don't know that I can explain  
6           the formulas, if that's what you're asking me.

7       Q.   Well --

8       A.   Because I'm not sure --

9       Q.   Well --

10      A.   -- that I understand.

11      Q.   -- I'm asking something close to that. I'm  
12           looking through his contract and I did not find  
13           any provision for those sorts of allowances and  
14           yet they show up in the document that was  
15           provided to us back in October of '07.

16               I'm just asking if you can reconcile that  
17           sheet in any way with his contract?

18      A.   This is not a sheet that I use. I cannot  
19           explain the computations. I suspect that we  
20           did pay him for vacation because he just had a  
21           salaried amount to take care of these, and so

22           the salary just went on.

23    Q.    Okay.  I'd like to hand you back the staffing

1           and salary schedule and ask you, if you would,  
2           to explain how the total salary was computed  
3           based upon that information provided?

4       A.   Well, as I said previously, what we do is to  
5           look at the contract, physician hours in each  
6           site and then we simply salary the physicians  
7           at that rate for the sites that they run.

8                   The hours that they work are not related,  
9           they're independent of that. In this case, we  
10          looked at the total number of hours that were  
11          contracted during this period and the number  
12          was 26.

13                   Those 26 hours were then compensated at  
14          the rate of \$150.00 per hour. And then, in  
15          addition, he had the three states in which he  
16          was compensated at \$4,000.00 per year.

17       Q.   So is it fair to say then that you make this  
18           salary calculation of \$214,000.00 based upon  
19           the individual contracts you have with those 20  
20           different facilities and Dr. Ahmed gets paid  
21           for those hours whether he visits the facility

22           or not?

23       A.     That is correct.



1 Q. Is there any independent document that you  
2 require of Dr. Ahmed at this time which would  
3 demonstrate compliance with the obligations  
4 under each of those contracts?

5 A. I believe accounting has documents that he  
6 turns in about every two weeks that shows which  
7 sites he has visited and that sort of thing.

8 MR. SUTHERLIN: Okay. Would you mark  
9 that.

10 (Whereupon Deposition Exhibit  
11 #10 was marked and identified  
12 for the record.)

13 BY MR. SUTHERLIN:

14 Q. Let me hand you what has been marked as  
15 Plaintiff's Deposition Exhibit #10 and would  
16 report to you that that was provided by your  
17 attorney under Tab B. And it's my  
18 understanding that this was prepared by  
19 somebody in your office or Dr. Faisal Ahmed.  
20 It was unclear.

21 Do you recognize that?

22 A. No.

23 Q. That is in response to this question for this

1 request for production. Proof that Dr. Faisal  
2 Ahmed is -- well, let's see -- that would have  
3 been Tab 9, I'm sorry.

4 Any and all logs kept by Dr. Faisal Ahmed  
5 of his travels and his visits to all of the  
6 jails or detention facilities from February  
7 1st, 2006, up to and including April 15th,  
8 2006.

9 A. I'm sorry, your question is...?

10 Q. The request -- that is the response to question  
11 number 9 which is Tab number 8, I'm sorry.

12 Do you understand -- and that might be a  
13 typo -- do you understand that that was a  
14 response that you gave in response to this  
15 request: Any and all logs kept by Dr. Faisal  
16 Ahmed of his travels and visits to all the  
17 jails or detention facilities from February  
18 1st, 2006, up to and including April 15th,  
19 2006.

20 Do you see the question?

21 A. Okay.

22       Q.     All right, and this response was sent -- this  
23               request was sent to your attorneys, defendants

1 Dr. Faisal Ahmed and Advanced Correctional  
2 Healthcare, and it's titled Responses to  
3 Plaintiff's Request For Production and it's  
4 signed by your attorney here, Mr. Steven Groth.

5 A. Okay.

6 Q. Does that appear to be a response to that  
7 request?

8 A. Well, to tell you the truth, I'm not sure what  
9 the internal discussions were. I don't know if  
10 the request was overly broad, I don't know  
11 exactly what was involved.

12 This looks like this came from HR and HR  
13 then listed the visits that were made to the  
14 Jackson County Jail, which I think they  
15 probably thought was the one in question.

16 Q. Now, how would they know that?

17 A. How would they know Jackson County --

18 Q. He made the visits.

19 A. That would have come off of some documents.

20 Q. That you're unfamiliar with?

21 A. If you remember, as I mentioned before, I

22 believe that he turns in internal documents to  
23 Accounting. I don't work with those documents,

1 I don't see those documents.

2 Q. Can we have those documents?

3 A. I presume you can.

4 Q. Okay.

5 MR. SUTHERLIN: Mr. Groth, I consider the  
6 response you gave me incomplete and inadequate.

7 BY MR. SUTHERLIN:

8 Q. I further indicate to you that in reviewing the  
9 records of the Jackson County Sheriff's  
10 Department as best we could, those dates could  
11 not be verified by independent records kept by  
12 the Jackson County Jail that he visited on  
13 those dates. So I really would like you to  
14 make the effort.

15 A. Okay.

16 Q. How did you make the decision to add to Dr.  
17 Ahmed's schedule from time to time the  
18 different jails or detention facilities that he  
19 was to review or visit?

20 A. It would have had to do with when various sites  
21 came online. If other physicians would have

22           needed to change their schedule and he was

23           available to take care of it, those would be



1           the kind of decisions that would come into  
2           line.

3       Q.   And who would make those decisions?

4       A.   Generally it's done by Medical Operations.

5       Q.   That's a department. Who is who? I'm asking  
6           for -- can you give me a name?

7       A.   It would be done between Karen Stocke, Director  
8           of Medical Operations, and Dr. Faisal Ahmed and  
9           any other involved physicians.

10      Q.   And who would that be, the other involved  
11          physicians?

12      A.   Well, I can't supply an answer for that because  
13          it would depend on, for example, if the doctor  
14          needed time off for a few months and I don't  
15          know exactly throughout the time.

16                This is an ongoing process all the time.

17          Right now we have I think three doctors on  
18          vacation, schedules are all over the place  
19          right now. So it would depend on what was  
20          going on at that time.

21      Q.   This salary that you computed for Dr. Faisal

22 Ahmed and it would be indicated that if the  
23 schedule has been accepted initialed and dated

1           and it would appear as if you initialed it and  
2           Dr. Faisal Ahmed initialed it?

3     A.    Yes.

4     Q.    So he would be paid that salary until there had  
5           been -- as of that date \$214,800.00 per year?

6     A.    Yes.

7     Q.    Until there was a change?

8     A.    Yes.

9     Q.    And he'd be paid that whether he's on vacation  
10           or off sick?

11    A.    Yes.

12    Q.    Okay. I'm going to hand you what was part of a  
13           response to request for production and you've  
14           identified the four jails that he was to visit  
15           as of 10/17/05 and I'm going to show you  
16           another list of jails and that's dated 11/7 of  
17           '05.

18                 Were these jails then added to Dr. Ahmed's  
19           schedule?

20    A.    Certainly, they could have been. I don't have  
21           the signature page, but I presume that that's

22           what you're giving me. And his name is at the  
23           top of this, so I presume they were added to

1 his schedule.

2 Q. Okay. Well, I don't have a signature page. I  
3 would report to you that this again was in  
4 response to request for production and I  
5 have -- I have that sheet.

6 A. Uh-huh.

7 Q. I have a payroll change sheet but I do not have  
8 any --

9 A. Okay.

10 Q. -- signature sheet.

11 MR. GROTH: Did you say that's our  
12 response to production that you're holding?

13 MR. SUTHERLIN: Yes.

14 MR. GROTH: Which tab is that? Are you  
15 sure that's not the personnel file we brought  
16 today?

17 The reason I say that, I just got --

18 MR. SUTHERLIN: I think you're correct.  
19 I'm sorry.

20 MR. GROTH: I have that application for  
21 you like you requested, and it's got the green

22 sticker note on it.

23 MR. SUTHERLIN: I stand corrected, you're

1 right. This is the -- this is part of the  
2 personnel file which was presented today.

3 BY MR. SUTHERLIN:

4 Q. Do you have any way of referring to any  
5 documents, Dr. Johnson, to identify other  
6 doctors that were working for you as  
7 independent contractors between, say, January  
8 of '06 and April of '06?

9 A. I would have to go into the internal health --  
10 or HR documents to do that. I don't have any  
11 with me.

12 Q. I hand you what is marked as the first sheet of  
13 the production you've presented today,  
14 Plaintiff's Exhibit #2, and you've highlighted,  
15 Dr. Faisal Ahmed. It appears to list a number  
16 of other doctors and it's dated December of  
17 '07.

18 Looking at that document, is there any way  
19 that that refreshes your memory as to how many  
20 doctors you had employed during that period of  
21 time I just asked you about?

22       A.     No, because doctors come and go. We might have  
23             had different doctors on at that time that are



1 no longer with us and many of these doctors  
2 would have come on after that period.

3 Q. Okay, thank you.

4 Looking at the production which was  
5 delivered to us today, Plaintiff's Exhibit #2,  
6 can you tell me if Dr. Faisal Ahmed's status  
7 has changed in any way and when it changed?

8 A. From when?

9 Q. From the date of his employment.

10 A. Date of employment?

11 Q. Until today.

12 A. He has been promoted to Medical Director of  
13 Advanced Correctional Healthcare.

14 You want the exact date of that?

15 Q. If you could.

16 A. Okay. Oh, it would have been February 1st of  
17 2007. It is not listed as such, but I know it  
18 was that date because he received a raise in  
19 pay on that date.

20 Q. So you find nothing in your official corporate  
21 personnel files which would indicate his change

22           in status?

23       A.    I did not find anything in there.

1 Q. Is it possible that that's not a complete  
2 personnel file?

3 A. Well, I asked for the complete file, I asked  
4 for everything to be copied. I didn't even  
5 look at it. I assumed -- I told them  
6 everything, I'm taking everything out of that  
7 file with me today, so I assume this is  
8 everything in the file.

9 Q. Well, I assume you think it was. But since you  
10 understand that he changed his title, would  
11 that also change his status or is he still an  
12 independent contractor?

13 A. I don't really -- I think he was a salaried  
14 employee. That's what I thought.

15 Q. As of when?

16 A. Well, certainly, I would have thought when we  
17 raised his pay he would have gone to salaried  
18 employee at that time.

19 Q. Raised his pay when?

20 A. On April 1st.

21 Q. I'm sorry?

22 A. April 1st, 2007.

23 Q. But you raised his pay from time to time when

1           you've added additional states or jails?

2       A.    Right, but that was based upon work load.   This  
3           was just a pure raise and I think this was  
4           done, as I recall, because we then began to  
5           give him managerial responsibility.

6       Q.    So as of April 2007, does he still ride the  
7           circuit?

8       A.    A smaller circuit.

9       Q.    A smaller circuit?

10      A.    Yeah.

11      Q.    Okay.   Would you look through your personnel  
12           file and see if you see a payroll change dated  
13           6/29/06.

14      A.    I think these pages have been mixed up a bit.

15      Q.    I'm sorry?

16      A.    I believe these pages have been mixed up.

17      Q.    I could have done that.   I'm sorry.

18      A.    I'm going to have to look through this whole  
19           thing.   Do you happen to have a copy of it?

20      Q.    I have this.   Again, this was provided to us in  
21           October of '07 and it looks as if there's a

22 payroll change.

23 Would that indicate that he's being sent

1 to another state?

2 A. It would indicate that he's taken call in  
3 another state.

4 Q. All right. Well, his circuit includes another  
5 state?

6 A. Not necessarily. He may just take a call from  
7 that state, he may not be operating that  
8 particular site.

9 Q. When you say "call," what do you mean?

10 A. Well, need to have more than one doctor on-call  
11 for each facility. If you have one doctor in  
12 one facility in one state, we need to have more  
13 than one doctor take call.

14 So we had him licensed in a number of  
15 states so that he could take a backup telephone  
16 call if the first doctor could not be located.  
17 And we compensated him for that at that time.

18 Q. So does that mean then he's just given an  
19 additional \$4,000.00 because he's supposed to  
20 take calls from another state where he's never  
21 even visited the jail?

22       A.     Well, if it's an emergency or something and the  
23             jailers need to get in touch with an M.D., he



1           would -- he's licensed in the state and he  
2           could make an over-the-phone decision to help  
3           them.

4       Q.   And you approve of that practice that a  
5           physician can actually diagnose over the phone  
6           based upon a call from a jail officer at these  
7           facilities and appropriately give medical  
8           instructions?

9       A.   It's done all the time.

10      Q.   I know it's done.

11      A.   Yes.

12      Q.   And you approve of that?

13      A.   It's the standard of care across the United  
14           States, it's done all the time.

15      Q.   Is it also the standard of care that after that  
16           call is received and that individual doctor  
17           gives orders or instructions that a physician  
18           should follow up to see firsthand that the  
19           diagnosis or the symptoms as reported were  
20           correct and that his diagnosis was correct?

21      A.   The medical team follows up.

22 Q. Which medical team are we referring to now?

23 A. At whatever site you're referring to, the

1           medical team would follow up. If you're  
2           referring to Jackson, it would be medical team,  
3           it could possibly be a nurse, it could be a  
4           doctor.

5       Q.   That's what I'm asking you.

6       A.   Yes.

7       Q.   Under your contract arrangement, does a nurse  
8           get to sort of verify these things or does  
9           the doctor have to verify these things?

10      A.   It's a standard nursing responsibilities.

11      Q.   I understand what the standard nursing  
12           responsibilities are. The doctor prescribes  
13           medication, provides treatment and care and  
14           responds to specific request for advice and  
15           orders.

16                   Does that doctor not have a duty to follow  
17           up to see whether or not that information he  
18           received and acted upon was correct?

19      A.   They do that when they come in to visit them,  
20           they review the records when they come in.

21      Q.   So your answer is yes?

22       A.     Yes.

23                       MR. SUTHERLIN:   Steve, did you find that

1 in there?

2 MR. GROTH: Yeah. Is this what you're --  
3 the payroll change --

4 MR. SUTHERLIN: Yeah.

5 MR. GROTH: -- that you were talking  
6 about?

7 MR. SUTHERLIN: Yeah.

8 MR. GROTH: I'll put a sticker on there if  
9 you want to refer to it.

10 BY MR. SUTHERLIN:

11 Q. I'm going to hand you back Plaintiff's Exhibit  
12 #9 and ask you if you would look at this  
13 document that's contained in that called  
14 GENERAL STAR INDEMNITY COMPANY and, if you  
15 would, we'll go through that.

16 I'm sorry, I didn't hand you the front  
17 page of that. Would you start with the front  
18 page.

19 Is that a document that you completed?

20 A. No.

21 Q. Do you know who completed that?

22      A.      No.

23      Q.      You don't recognize the handwriting of anybody

1           on your staff?

2       A.    It's printing and I do not.

3       Q.    All right, printing.  You don't recognize the  
4           printing?

5       A.    No.

6       Q.    Would this have been information that would  
7           have been provided by you or somebody on your  
8           staff to this insurance carrier?

9       A.    This document is signed by Dr. Ahmed.  So I  
10           presume that he was the one that filled this  
11           out.

12      Q.    Can I have that back?

13      A.    Yes.

14      Q.    Did you review this document before it was sent  
15           to the General Star Indemnity Company?

16      A.    No.

17      Q.    Is it typical then that if the doctor you hire  
18           on a contract basis would send this in  
19           independent of your reviewing his application  
20           for professional liability insurance?

21      A.    I think they are sent this application and then

22           they fill it out and then send it in because at  
23           that time they all had to be approved prior to



1           employment, as I recall.

2       Q.    Is each of the independent contractor  
3           physicians then required to complete this form  
4           as part of the application process?

5       A.    I think it was at that time.

6       Q.    Okay. And yet you didn't review this yourself?

7       A.    No, I did not.

8       Q.    Nor did anybody on your staff review this?

9       A.    I'm not aware. I don't know.

10           THE REPORTER: I need a moment, please, to  
11           load new paper.

12           MR. SUTHERLIN: Why don't we just take a  
13           quick lunch break.

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1 EXAMINATION RESUMED BY MR. SUTHERLIN:

2 Q. Other than this lawsuit which was brought by  
3 the estate of Mr. William Wallace, has there  
4 been any other lawsuits against Advanced  
5 Correctional Healthcare?

6 A. Yes.

7 Q. Can you identify them, please.

8 A. I did not bring the list. I don't -- I didn't  
9 realize that you wanted that. I didn't see  
10 that on the list. There have been lawsuits,  
11 but I didn't bring the list with me.

12 Q. Tell me which ones you remember.

13 A. There was the one in Peoria that we talked  
14 about before. There was a case in  
15 Huntington --

16 Q. Let me back up. I thought you said the lawsuit  
17 was in 1999. This wasn't incorporated until  
18 2002. Could you be mistaken about that?

19 A. No. I do -- The lawsuit in 1999 was a nursing  
20 home case, it was not relative to this.

21 Q. All right, fine.

22      A.      And that's what I stated at that time.

23      Q.      Okay.    So there's been a lawsuit in Peoria that

1           you haven't mentioned then?

2       A.    Oh, yes, I did.  I talked about this before and  
3           you talked -- you asked me when I'd been  
4           deposed and I said, yes, it was over a lawsuit  
5           in Peoria.

6       Q.    But you didn't say it was in connection with  
7           Advanced Correctional Health Services?

8       A.    That's right.  You didn't ask the question, I  
9           didn't say that.

10      Q.    All right, keep going.

11      A.    All right, there was one in Huntington,  
12           Indiana, there was one or two in Bates County,  
13           Missouri.

14      Q.    One or two lawsuits?

15      A.    One or two, yeah.  There was a broken hand  
16           where the guy hit the wall and broke his hand  
17           and I think there may have been a second one  
18           out there.  I'm not sure exactly, but there may  
19           be a second one.

20                    There is a lawsuit or was a lawsuit out of  
21           Cape Girardeau, Missouri.  There is -- there

22           was a suit that we had to address although we  
23           weren't involved out of Lake County, Illinois.

1           There was a series of suits written by the same  
2           inmate with different names out of Bloomington,  
3           Indiana.

4                   I know there were others and I can get a  
5           complete list for you.

6       Q.   All right. You've been identified by your  
7           counsel in a letter dated -- I think it's  
8           February the 7th of '08, that you will act as  
9           an expert.

10                   Have you formed any opinions or are you  
11           prepared to give any expert opinions based upon  
12           your being designated as an expert?

13                   MR. GROTH: I'll state an objection to the  
14           question and form of the question, it's outside  
15           the scope of your notice, but I'll let him  
16           answer.

17       A.   Yeah, I think it is important to note that I  
18           tried to comply with your notice, so I didn't  
19           really review the recent records. As I  
20           mentioned before, I did look at them before  
21           sometime in the distant past.

22 I have formed a general opinion but I  
23 haven't spent a great deal of time on looking



1 at it in great detail, but I have a general  
2 opinion.

3 Q. What is your general opinion that you intend to  
4 offer?

5 A. I believe that a review of the case would  
6 indicate that this -- there was a patient that  
7 presented with a set of symptoms to the  
8 correctional officer. The officer made a  
9 decision that this was serious enough that it  
10 had to be addressed and he then gathered  
11 information, filled out a report and then  
12 contacted Dr. Ahmed.

13 I believe he was fairly comfortable with  
14 that because he knew that Dr. Ahmed was  
15 correctionally trained, he's an internal  
16 medicine specialist, he certainly would --

17 Q. How would you know he was comfortable with that  
18 if you've never spoken to him?

19 A. As I said, I believe that.

20 Q. Why would you believe that if you've never  
21 spoken to him?

22      A.      Because he made the call.

23      Q.      That's all it takes, just to make a call?

1           You're required to do that under the contract.

2       A.    If you wish to object to my answer, that's  
3           okay.

4       Q.    I wish to question you on your basis for  
5           forming an opinion about somebody else's  
6           mental state of mind. Just stick to the  
7           opinion, please. Go ahead.

8       A.    Well, let me just take a second then.

9           Following that, I believe he called Dr.  
10          Ahmed, I believe that he gave him the  
11          information that he felt was important, Dr.  
12          Ahmed received the information, made a clinical  
13          judgment based upon what he understood, decided  
14          that there was something that needed to be  
15          treated, moved forward with treatment for that,  
16          the officer took the information.

17          It appears that later he was not certain  
18          about exactly what the orders -- some of the  
19          words or some other things and so it looks like  
20          he might have called to clarify some things.

21       Q.    Called who?

22       A.     I believe he called the nurse, I think is what  
23             it was. He got that clarified and I believe

1           the orders were followed. And then that was,  
2           as I understand it, the end of that particular  
3           episode.

4                     My understanding is that the next morning  
5           the patient had no complaints, felt fine,  
6           everything was going well. And the nurse had  
7           made contact with him. There was some point in  
8           time in which he refused then to see Dr. Ahmed  
9           in follow-up visits, he made various racial  
10          slurs at the time.

11                    And from that point on, the nurse followed  
12          up according to what she felt was appropriate  
13          and that's the way the case went. That's my  
14          understanding of it.

15       Q.    You're basing that on what documents and what  
16              review of materials?

17       A.    Well, the chart that I read some time ago.

18       Q.    The chart, what are you referring to when you  
19              say chart?

20       A.    The medical record chart.

21       Q.    What medical record chart?

22      A.      Of the patient in Jackson County.

23      Q.      I use the term chart actually to be a folder.

1           Are you referring to the whole medical folder  
2           or are you referring to one document?

3       A.    I'm referring to the documents that I reviewed  
4           and I can't tell you which ones because it was  
5           some time ago. I don't know that I looked at  
6           his arrest record and all of that. I wasn't  
7           privy to all of that.

8       Q.    And your opinion?

9       A.    My opinion is that -- that he received the best  
10           care that they could under the circumstances  
11           but it became very complicated when he refused  
12           to follow up.

13      Q.    What is the amount of insurance coverage that  
14           you have for Dr. Ahmed and for your  
15           corporation?

16      A.    I think it's standard one and three million.

17      Q.    Are you sure?

18      A.    I believe that is correct.

19                   MR. GROTH: Objection.

20                   MR. SUTHERLIN: You can make objections.

21                   BY MR. SUTHERLIN:

22 Q. If you don't even know, then why are you  
23 guessing? Dr. Johnson --



1 A. I'm going to have to take a break.

2 Q. Let me finish my --

3 A. I need to take a break.

4 Q. On the record, if you're going to make guesses  
5 as a medical doctor, do you understand what  
6 sort of reputation that creates?

7 Let's me just show you the document. I  
8 said earlier if you're not sure, you can look  
9 at the document. I have a box that says  
10 500,000 and up million. Is that the coverage?

11 A. No. It's one and three. I'm pretty sure.

12 Furthermore, you didn't say look at the  
13 document, you said you were going to ask me  
14 first to test me. That's what you said.

15 Q. I hand you the document. Go ahead and look at  
16 it.

17 A. You should have handed me the document before.

18 Q. Well, I'm asking you if you know. I asked this  
19 person here to provide the medical insurance  
20 coverage for your operation, so I'm only  
21 relying upon what I've been given.

22 A. Where are you seeing 500,000?

23 Q. There's a box down there. Do you see it?

1 A. Yes, I do.

2 Q. That's what I was relying upon.

3 A. Okay.

4 Q. So I don't know, I don't know what the answer  
5 is.

6 A. I think this is the application. I think he  
7 was given one and three.

8 Q. Okay.

9 A. All right, I think that's what happened here.  
10 I'm going to take a break.

11 MR. SUTHERLIN: It's unbelievable.

12 (Whereupon the witness left the  
13 conference room; short recess  
14 was taken and proceedings then  
15 resumed as follows.)

16 BY MR. SUTHERLIN:

17 Q. Can you refer to any documents, Dr. Johnson,  
18 that would verify how many sites Dr. Ahmed was  
19 visiting in March and April of 2006?

20 A. None other than the ones that you have.  
21 However, we are able to recoup further

22 documents for you.

23 Q. All right. I'll hand you back Plaintiff's

1           Exhibit #9 and refer to the staffing and salary  
2           schedule dated February 24th, '06. You have 20  
3           jail sites. Do you believe there to be more or  
4           less during the period I just asked you about?

5       A.    I would think on this particular date, this  
6           would be correct. However, this may not be  
7           correct for the whole six-month period.

8       Q.    Okay, all right. Before you sent Dr. Ahmed out  
9           to visit any of these jail sites, tell me what,  
10          if anything, orientation or training you gave  
11          him.

12      A.    I met with him privately and we went over  
13          policy, procedure, protocols, how we approached  
14          various illnesses, how we handled various  
15          healthcare problems.

16                It was important that we make sure he  
17          understands that the company does not have the  
18          ability to deny care in any way, that the  
19          doctors at the bedside always determine these  
20          sorts of things.

21                And that's unusual because most companies

22           have utilization policy that requires the  
23           physician to get approval. Ours does not. So

1           this -- these were differences in nuances  
2           between our company and companies that he may  
3           or may not have been related with before.

4       Q.   Did --

5       A.   And based upon that --

6       Q.   I'm sorry, go ahead.

7       A.   Based on that, I wanted to be sure that he  
8           understood the philosophy of our company and  
9           that we were about quality as opposed to  
10          worrying about anything else.

11      Q.   Which documents then did you make him familiar  
12          with before he visited his first site?

13      A.   He would have reviewed a -- kind of a generic  
14          set of protocols that we used at that  
15          particular time. That would have probably been  
16          the key.

17                 Now, those protocols are written by  
18          committee, so they would have changed over the  
19          years. But at that time we would have reviewed  
20          the protocols that we were using at that time.

21      Q.   And what committee wrote the protocols?

22      A.      It's the Physician Advisory Committee.

23      Q.      Would you identify the members of that advisory



1 committee.

2 A. What we do is we invite all of our physicians,  
3 the entire company in to meetings every four  
4 months and we discuss the various health issues  
5 that we want to address and during those  
6 meetings we discuss our protocols and any  
7 updates or any important changes that we feel  
8 might be necessary for the care of the inmates.

9 Q. So in October of 2005, what was your advisory?  
10 Who could -- who were the members of your  
11 advisory committees?

12 A. They would have been whoever was employed at  
13 that particular time.

14 Q. Can you give me a list?

15 A. I can recreate a list for you after research.

16 Q. All right. So these private meetings that you  
17 had, when and where did they take place?

18 A. I believe they took place in Peoria.

19 Q. And when?

20 A. It would have been prior to his employment.

21 Q. How long did it take to familiarize him with

22           your philosophy and the policies and protocols?

23       A.   Well, this was a trained physician.  I

1 believe -- I think we spent a number of hours  
2 on it.

3 Q. When you hired Dr. Ahmed, and I think  
4 originally there were four jails, did you give  
5 him a schedule?

6 A. What we do is we give him the sites. He then  
7 calls the jails and sets up a schedule that  
8 works for both of them. We don't set the  
9 schedule.

10 Q. And do you know that he did that?

11 A. Yes.

12 Q. How do you know that?

13 A. Because we had no complaints about his not  
14 showing up or anything like that.

15 Q. Are you familiar with the Indiana jail rules?

16 A. I'm generally familiar with them, yes.

17 Q. How are you generally familiar with them?

18 A. I have reviewed them in the past, I've looked  
19 at them, I've looked -- I haven't looked at  
20 them for a long time, but I have looked at them  
21 in the past.

22 Q. Do they in any way relate to your position  
23 responsibilities in providing health care?

1     A.   Well, you want to be sure that the jail's  
2           policies and procedures at least cover those  
3           minimum standards.  Most jail standards by  
4           states are fairly minimal.

5     Q.   You realize those are minimum standards?

6     A.   Yes.

7     Q.   Not optimum standards?

8     A.   Yes, that's why the present policies and  
9           procedures greatly exceed those standards.

10    Q.   Do you have any documentation to demonstrate  
11           that Dr. Ahmed became familiar with your  
12           philosophy and your protocols and your general  
13           standard of care?

14    A.   You're asking for paper documentation?  Is that  
15           the question?

16    Q.   Yes.

17    A.   The paper documentation would be through peer  
18           review.

19    Q.   Pardon?

20    A.   It would be through peer review.

21    Q.   Do you have any peer review documentation?

22       A.     I don't have any peer review documentation at  
23             this time, no, but we do peer review on a

1 regular basis.

2 Q. Okay, let me help you out there. Typically  
3 when a jail officer comes in and he's newly  
4 hired, he will be asked to sign a document that  
5 he has reviewed that you have rules and  
6 regulations or he has to sign a receipt for  
7 having a copy of those rules and regulations,  
8 and they do all of this so that the  
9 administrator can be assured that everybody in  
10 fact is trained.

11 Do you have any such document, any such --

12 A. No.

13 Q. -- method for --

14 MR. GROTH: Wait.

15 BY MR. SUTHERLIN:

16 Q. -- insuring Dr. Ahmed became familiar with your  
17 protocols and your strategy and your standards?

18 A. No.

19 Q. You mentioned peer review. What is that in  
20 your organization?

21 A. Peer review is a system whereby we have -- we

22           have peers review the work of an individual and  
23           then form an opinion about whether or not



1           there's discrepancies or problems with that  
2           individual.

3       Q.   And do you do that with all physicians that you  
4           hire?

5       A.   Yes.

6       Q.   And is that documented in your personnel file  
7           of Dr. Ahmed.

8       A.   No.

9       Q.   Why not?

10      A.   Because the only time that you document that is  
11           if you're having severe problems, then you  
12           would document that until you had to relieve  
13           the physician or remove him or whatever. But  
14           if everything is going well, we don't keep  
15           those records.

16      Q.   Do you have any evaluations of his performance?

17      A.   The same answer. We do evaluations of his  
18           performance. But if everything's going well,  
19           we don't keep those records. We only keep them  
20           if there are problems that need to be  
21           addressed.

22 Q. Who participated in peer review of Dr. Ahmed?

23 A. I would have done quite a few of them by

1           actually going around to the site, sitting  
2           reading the charts, talking to the nurses and  
3           doing things like that.

4       Q.   Who else?

5       A.   I think that's the answer.

6       Q.   So you're the person who peer reviews --

7       A.   Yes.

8       Q.   -- him?

9       A.   For him, yes.

10      Q.   And that's the only person that you're aware  
11           of?

12      A.   Yes.

13      Q.   Are you the only person who peer reviews other  
14           doctors?

15      A.   Well, I was at one time. But that changed when  
16           Dr. Ahmed was moved to the title of medical  
17           director. So he does that now.

18      Q.   And this is medical director for the entire  
19           organization?

20      A.   Yes.

21      Q.   And you're going to provide us with some

22            documentation as to when that occurred?

23        A.     I'm sorry?

1 Q. You were going to provide us some documentation  
2 to establish when that occurred?

3 A. Oh, yes. Yes.

4 THE WITNESS: You want to take some notes  
5 so I don't screw this up?

6 MR. GROTH: Uh-huh.

7 BY MR. GROTH:

8 Q. Do you know whether or not Dr. Ahmed was  
9 familiar with the Indiana jail rules?

10 A. I can't speak to that issue.

11 Q. Do you know whether any of your physicians are  
12 required to be familiar with the Indiana jail  
13 rules? I'm sorry, of the jail rules for the  
14 particular states that they visit.

15 A. Well, I'd be -- You're asking me to guess on  
16 that and I cannot do that. So I'll have to say  
17 that I don't know the answer to that.

18 Q. Now you spoke earlier that you do some peer  
19 review of Dr. -- you did some peer review of  
20 Dr. Ahmed. Tell me how you did that.

21 A. What I do is to go in and at random pull a

22           number of charts, usually in the range of about  
23           ten charts on the site.

1           I then look at the charts from two  
2           standpoints; one, completeness of the record.  
3           That's fairly simple and straightforward, it  
4           has to do with things like did he sign the  
5           record. Simple things like that.

6           The other one has to do with practice.  
7           Does the practice make sense, does the note  
8           make sense, does the note talk about pain in  
9           the head and then the medicine is for pain in  
10          the foot. That does not make sense. So I look  
11          at it from the standpoint of does the chart  
12          flow properly, does the -- does the sick call  
13          seem to make sense and was the treatment  
14          appropriate for the person.

15          That's how we look at it, we look at it  
16          from those two standpoints.

17        Q.    You changed the pronoun from I to we. How did  
18              you do this for Dr. Ahmed? And when?

19              You say you went and randomly pulled ten  
20              files at a site.

21        A.    Yes.

22 Q. When did you do that for Dr. Ahmed?

23 A. I don't have a date, but I do it about every



1 four months. Something like that.

2 Q. Well, how would we document that you did that  
3 for Dr. Ahmed or for anyone?

4 A. I don't know that you could.

5 Q. So you do this evaluation and yet there's no  
6 documentation to find that you can identify or  
7 show us to that would prove that you did it or  
8 that his performance was satisfactory?

9 A. That is correct. It -- we would only know if  
10 it wasn't satisfactory because we would keep  
11 that documentation.

12 Q. Would it surprise you that Dr. Ahmed in his  
13 deposition said that he saw none of the  
14 protocols of Dr. -- of Mr. Wallace's until  
15 after he was dead?

16 A. I suspect he would be talking about the  
17 individual protocols that were filled out. I  
18 don't know what he was talking about.

19 Q. That's what he was talking about, the  
20 individual protocols. Would that surprise you?

21 A. I'm not sure what he was referring to because

22           he -- he knows what the protocols are.

23    Q.    Is he supposed to look at those protocols when

1           he visits?

2       A.    I have to ask you to rephrase that because are  
3           you asking me does he sit and read the book,  
4           the protocol book every time? Is that what  
5           you're asking me? I apologize, I'm not  
6           understanding the question.

7       Q.    I'll be glad to rephrase it, Dr. Johnson. Were  
8           you aware that Dr. Ahmed had not seen the  
9           specific protocols that were completed as you  
10          require --

11      A.    That's --

12      Q.    -- the jail staff to do?

13      A.    -- the documentation.

14      Q.    It's called protocol. According to the book,  
15           it says Protocol right on the outside, that's  
16           the documentation. Would it surprise you that  
17           he had not seen any of those protocols until  
18           after Mr. Wallace's death?

19      A.    I don't know because I don't know what the flow  
20           of that paperwork was at the time that he died.  
21           I just cannot speak to that issue.

22 Q. What do you think it should be?

23 You had a contract with the county, you

1           provided a medical doctor. What do you think  
2           the procedure should be if a doctor is  
3           contacted for chest pain, as your protocol  
4           suggests, what do you think it should be?

5       A.   Ordinarily, the doctor reviews the results of  
6           that when he come comes in.

7       Q.   And what would be the exception when he would  
8           not?

9       A.   If the chart had been pulled for some other  
10          reason, if the chart was maybe not in medical,  
11          maybe it was somewhere else, somebody else was  
12          reviewing it, the chart was not available for  
13          some reason.

14      Q.   Wouldn't he ask for it?

15      A.   If he -- I suppose if he happened to think  
16          about it.

17      Q.   So it's just that casual? If he happens to  
18          think about it, he asks for it, and if he  
19          doesn't happen to think about it after visiting  
20          twenty jails? Is that what you're suggesting?

21               That's a question. Is that what you're

22           suggesting?

23       A.    I'm suggesting that -- that he would review the

1 record if the record was available to him. He  
2 comes in and he takes care of the work that is  
3 presented to him and he handles that.

4 Q. Did you personally negotiate the contract  
5 agreement between your company and Jackson  
6 County?

7 A. I would have been involved in establishing the  
8 price and that sort of thing.

9 Q. Did you?

10 A. I may not have necessarily. I can't speak to  
11 whether I was personally involved with the  
12 presentation to the commissioners because I  
13 frankly don't remember. But I would have come  
14 up with the price.

15 Q. So you don't remember whether you even went  
16 down there to speak to the commissioners  
17 personally?

18 A. I don't remember.

19 Q. Is that something you typically do?

20 A. I frequently do it. But to tell you the truth,  
21 the marketing department does the vast majority

22           of it.

23       Q.   All right.



1       A.    There are times that I will do it.

2       Q.    Now you described a process in which you  
3           believe that you were contacted by the sheriff  
4           or somebody in the sheriff's department.  They  
5           hear about you and then you respond to their  
6           concerns.

7                   Do you have any specific recollection of  
8           you being involved in that sort of discussion?

9       A.    Well, would have been involved after he would  
10           have contacted us.  After the sheriff would  
11           have contacted us, they would have sent out an  
12           information gathering sheet, that would have  
13           been filled out, then they would bring that  
14           data in to me to discuss what we could do to  
15           try to help them.

16       Q.    And where is that data information sheet or  
17           information?

18       A.    It's virtually all financial information.  It  
19           is -- it's in the office.  But it was financial  
20           information.

21       Q.    So it's information regarding how much they are

22           expending each, say, fiscal year for medical  
23           services?

1 A. Yes.

2 Q. And that's the only information they provide?

3 A. No, it's broken down into various categories  
4 and various things like that. And then they  
5 provide other things, as I mentioned before,  
6 that may be concerning them. It may be lack of  
7 certain policies and procedures, it may be  
8 training issues, there may be a lot of things  
9 that they might want us to address if we come  
10 on board.

11 Q. I understand. I thought you said your first  
12 responsibility is primarily financial data,  
13 so --

14 A. Well, we --

15 Q. -- Let me finish the question -- where would we  
16 find this information that they sent to you and  
17 filling out a questionnaire giving you the  
18 information that you, I guess, would utilize in  
19 developing a plan or a proposal?

20 A. We have a sheet that includes all the financial  
21 data, but it also includes other areas of

22           concern that the jail may have. And they

23           relate that all to us and then we take that

1 data and those concerns and then we try to  
2 craft a program that works well for them.

3 Q. Where would that document be?

4 A. It's in our -- it's in our office.

5 Q. Okay. Can we have that produced?

6 A. Okay, this has sensitive financial information.  
7 Is that really necessary?

8 MR. GROTH: Well, this is -- let me state  
9 for the record this is the subject that I was  
10 talking to you about on the phone before this  
11 deposition where I said there's financial  
12 information that they use to calculate their  
13 prices and you told me that that information  
14 was not necessary to you. So --

15 MR. SUTHERLIN: Here's the question I  
16 asked him. I said I'd like to have the  
17 questionnaire that the sheriff's department  
18 completed and sent to him. That's what I'm  
19 asking for.

20 MR. GROTH: I understand. Can we --

21 MR. SUTHERLIN: That's not financial

22 sensitive information. That is a public  
23 record. It is a public record, that's what it

1 is. So can we have that?

2 A. Let me do this. Let me supply it to our  
3 attorneys and then you two can decide what you  
4 want to do it with it. I will supply it to our  
5 attorneys and then you two can decide, you  
6 know, what you want to do with it.

7 MR. GROTH: That sounds like work.

8 BY MR. SUTHERLIN:

9 Q. All right, I'll hand you back what is marked as  
10 Plaintiff's Deposition Exhibit #5, which you  
11 have previously identified, and it's dated by  
12 you December the 28th '05, and signed by the  
13 Jackson County sheriff and the county  
14 commissioners of Jackson County on December the  
15 20th of '05. And I believe you have that  
16 there.

17 A. Yes.

18 Q. I'd like to go through this. Is this a  
19 document which is identical to or in any way  
20 varies from the contracts that you have with  
21 these other counties except for the statement

22           where it says Jackson County Inmates you might  
23           put down Monroe County in there?



1     A.    The contracts will be different based upon the  
2           services that are required by the sheriff.  For  
3           example, one may require nursing care, this one  
4           did not, that sort of thing, so that there's  
5           different levels of obligation that we have at  
6           different sites.

7     Q.    Okay.  Turning to page 2 of the ten-page  
8           document where it says 1.1.2, is that a  
9           standard phrase or condition that you impose on  
10          every county or just this one?

11    A.    No, it was negotiated.  Every county is  
12          somewhat different.  This is fairly generic  
13          though I will have to tell you, for example,  
14          the exclusions are fairly common.

15    Q.    Okay.  I skipped over 1.1.1 where medical  
16          director physician is provided, is that fairly  
17          standard twenty-four hours per day --

18    A.    Yes.

19    Q.    -- seven days a week availability?

20    A.    Yes.

21    Q.    Section 1.1.3, is that provision fairly

22           standard or did that become specific to Jackson  
23           County?

1 A. This is specific to Jackson County.

2 Q. The reference to Section 1.1.4 limiting the  
3 Advanced Correctional Healthcare financial  
4 responsibility to \$5,000.00 per month, was that  
5 specific to Jackson County?

6 A. Yes. Each county may be different.

7 Q. So if there's -- as I understand that language  
8 here, correct me if I'm wrong, if there are  
9 off-site services, such as emergency room care  
10 or in-hospitalization, you would accept  
11 responsibility -- financial responsibility up  
12 to \$5,000.00?

13 A. Right, we pay all bills. And then if they run  
14 over 5,000, then we usually bill the county for  
15 that in the next month or the next quarter,  
16 however it's arranged in the contract.

17 Q. Okay. 1.2 Conference of Strategic Plans,  
18 Policies, Protocols, Peer Review and so forth,  
19 is that standard language or is that specific  
20 to Jackson County?

21 A. It's specific. This is the general way it's

22           done, but we do have some counties that don't  
23           want all of this.

1 Q. Okay. It talks about peer review. You've  
2 already talked about that. Did you do any peer  
3 review of Dr. Ahmed's performance in Jackson  
4 County?

5 A. The answer would be yes. Because of the length  
6 of time that he was there, the answer would be  
7 yes.

8 Q. Do you recall when you did that?

9 A. No. It would have been within the first year  
10 of the contract.

11 Q. Is there any way for us to verify that?

12 A. No, because I would not have kept any records  
13 from that because there were no issues or  
14 problems.

15 Q. Referring to 1.3 Staffing, is that generic or  
16 is that specifically tailored to Jackson  
17 County?

18 A. That is specifically tailored to Jackson  
19 County.

20 Q. All right. Would you explain then what your  
21 obligations were under the contract under the

22           provisions of 1.3.1 and 1.3.2.

23       A.    The physician/nurse practitioner shall visit

1           the facility once a week or as otherwise agreed  
2           to by the sheriff and ACH. The physician shall  
3           serve as the facility's site medical director  
4           and be available by telephone to facility and  
5           medical staff on on-call basis, seven days a  
6           week twenty-four hours a day. I think that's  
7           fairly self-explanatory.

8                     And the second one, 1.3.2, has to do with  
9           nursing. The county employs the nurse. And  
10          the nursing staff then shall remain county  
11          employees. So we did not pay their salary.

12       Q.   Does the nurse have to respond to the doctor's  
13           directives and orders?

14       A.   Yes.

15       Q.   Would you distinguish between Medical  
16           Director/Physician?

17       A.   In large sites, for example, Kansas City,  
18           Missouri, there might be multiple physician  
19           physicians. One of them will be the director,  
20           the others are simply site physicians. In a  
21           small site, we only have one doctor, that is

22           the site doctor and medical director.

23    Q.    So at the time this contract was executed --



1           this language looks generic to me since it has  
2           a director/physician -- what were you  
3           providing.

4       A.   In this site we were providing one doctor to  
5           come in once a week on an as-needed basis and  
6           provide the care plus 24/7 on-call, telephone  
7           call.

8       Q.   So you were providing a physician --

9       A.   Yes.

10      Q.   -- under the terms of this contract?

11      A.   Yes.

12      Q.   On 1.4.3 HEALTH EDUCATION. ACH shall provide  
13           health education materials to the sheriff for  
14           inmate education. What did you provide?

15      A.   Those were handouts and I -- I can't tell you  
16           at this point, but generally what they are is  
17           if you come in and you have anxiety, we will  
18           evaluate you and then we may give you some --  
19           an anxiety information sheet to help you deal  
20           with that. Insomnia, that sort of thing.

21      Q.   When you say "we," obviously you're not on

22           station, so who's "we"?

23       A.     That would be the health care team in the jail.

1 Q. Jail staff?

2 A. Yes, it would be the nurse and the -- or the  
3 doctor, either one.

4 Q. Okay. Are there other materials that you can  
5 think of other than anxiety?

6 A. I think there's information on headaches. I  
7 would have to get a list of them, there's quite  
8 a list actually.

9 Q. And those are provided routinely --

10 A. Yes.

11 Q. -- to each of the jails?

12 A. Yes.

13 Q. Can I have a copy of those handouts?

14 A. Yes.

15 Q. Thank you. Then on 1.4.4 CARE REPORTS, what's  
16 the obligation under the contract of ACH?

17 A. We are to schedule on CQI meetings.

18 Q. CQI, and those stand for?

19 A. Continuing quality improvement.

20 Q. Okay.

21 A. We are to schedule those meetings, we are to

22           create healthcare reports and supply those to  
23           the sheriff. That's basically what that's all

1           about.

2       Q.    Okay.  And on page 4, 1.4.6.  Is that having to  
3           do with records?  Is that a standard  
4           requirement or is that has been tailored for  
5           Jackson County?

6       A.   This is a standard requirement, I believe.  
7           Yes, I'm pretty sure this is a standard  
8           requirement.

9       Q.    On provision 1.4.7 SHERIFF'S POLICIES AND  
10           PROCEDURES.  ACH shall operate within the  
11           requirements of the SHERIFF's Policies and  
12           Procedures which directly relate to the  
13           provision of medical services and other  
14           Policies and Procedures of the Sheriff and so  
15           on, which procedures are you referring to?

16      A.   These would be the medical unit policies and  
17           procedures that the sheriff has outlined.  And  
18           so we need to follow his policies and  
19           procedures.

20      Q.    Okay.  Did you provide a templet or set of  
21           procedures for the sheriff to review and

22           consider?

23       A.    Yes.

1 Q. Okay, and did you develop those procedures  
2 yourself?

3 A. Not myself.

4 Q. Your corporation?

5 A. Yes.

6 Q. Okay, and are they the same procedures templet  
7 procedures that you provide to the other  
8 counties?

9 A. Yes.

10 Q. Do you know whether or not those procedures  
11 took into account any standards of care, such  
12 as the Indiana jail policies and procedures?

13 A. They take into account the NCCHC standards,  
14 which are superior to the Indiana jail  
15 standards.

16 Q. Referring to Page 5, Section 2.2, do you recall  
17 ever visiting the sheriff's facility?

18 A. Well, I was certainly there the day I started  
19 the project.

20 Q. Okay. Do you recall the medical section of the  
21 jail?

22      A.      I cannot picture it in my mind at the moment.

23      Q.      Is there anything that you can recall that



1           would come to mind or any documents you can  
2           direct us to which would suggest that the  
3           medical area that they had created to provide  
4           healthcare services was inadequate in any way?

5       A.   We usually review the areas that we feel are  
6           inadequate. And then those areas that we feel  
7           should be improved we usually include that in  
8           our strategic plan. If that was not  
9           specifically listed in the strategic plan, we  
10          probably would not have added that.

11       Q.   Was there any equipment or materials which your  
12           corporation provided to Jackson County?

13       A.   As a general rule, we do not provide equipment.

14       Q.   Is it fair to say -- and I sort of skipped over  
15           that, but is it fair to say that in Jackson  
16           County and all other counties medical records  
17           are kept on-site?

18       A.   Yes.

19       Q.   And that Dr. Ahmed or any other physician would  
20           not have what I would refer to as sort of  
21           formal records off-site?

22      A.      That's right.

23      Q.      They may have a note or two they made from a

1 phone call but that would be it?

2 A. Right.

3 Q. He may or may not keep those?

4 A. That is correct.

5 Q. Okay. This section on compensation and  
6 adjustments, I don't need to know the method  
7 but this was the amount you negotiated and  
8 agreed upon to charge Jackson County --

9 A. Yes.

10 Q. -- Sheriff's Department? Is that correct?

11 A. Yes.

12 Q. If you would go down to Section 3.2.1, would  
13 you read that and explain what that means when  
14 it says that you're charging \$1.72 per inmate  
15 per day.

16 A. Yes. Let me first of all explain the principle  
17 behind it and then I'll read it.

18 Q. Please.

19 A. The principle is that the risk of a contract,  
20 financial risk of contract, is directly related  
21 to the number of bodies that you're covering,

22           the number of lives, the number of souls that  
23           you're covering. And so when you start a

1 project, you always try to ascertain what the  
2 census is going to be. And that comes from the  
3 sheriff, the sheriff is the one that tells us  
4 that.

5 The number that he gave us was 142. Based  
6 upon that number, if they start to run 143 or  
7 153 or 163, that would be increased expense and  
8 they would need to compensate us for that.  
9 I'll read this now.

10 Q. Sure.

11 A. And please stop me if you have any questions.

12 Q. Sure.

13 A. ADJUSTMENT FOR EXCESS AVERAGE DAILY POPULATION.

14 The average daily population for a given  
15 quarter -- in other words, this is averaged out  
16 over a three-month period -- shall be  
17 determined from jail census records. So the  
18 records are supplied to us by the sheriff. For  
19 billings purposes, the average daily population  
20 shall be based upon an average population of  
21 142.

22                   When the average daily population exceeds  
23                   the base rate in any calendar quarter, the

1 additional compensation due shall be figured on  
2 the average number of Jackson County inmates  
3 above the base level for the quarter multiplied  
4 by the per diem rate of \$1.72 per inmate per  
5 day.

6 For example, an average daily population  
7 for Q2 2006 is 164, additional compensation due  
8 would be calculated as follows:  $22 \times \$1.72 \times$   
9 91. It is understood that non-county inmates  
10 are not included in the average daily inmate  
11 population.

12 Q. Would you tell me the significance of the  
13 factor 22 and the factor 91.

14 A. Well, 22 is the number that our example 164 was  
15 above the 142, it's 22 inmates more.

16 Q. Okay.

17 A. 91 was the number of days that was in that  
18 quarter.

19 Q. Okay, and when you would then refer to the  
20 next -- to the last sentence there, non-county  
21 inmates are not included, what does that mean?

22       A.     Well, for example, if, let's say, the Indiana  
23             Department of Corrections had ten patients in



1           there. Really, the jail is not responsible for  
2           the expense of those as a general rule. And so  
3           because of that we don't include those in our  
4           count and we don't charge them for those  
5           patients.

6                     We take care of them but -- but their  
7           medicines, for example, are paid for by the  
8           state, if they go to the hospital, it's paid  
9           for by the state. And so it's really not a  
10          financial responsibility, but we do take care  
11          of them.

12       Q.    Okay. In terms of the agreement, it would  
13              appear that it began January 1, 2006, and  
14              continues through December 31, 2006. Is that  
15              correct?

16       A.    Yes.

17       Q.    When did you conduct your training?

18       A.    Can I refer to my --

19       Q.    Anything you want to.

20       A.    -- notes on that?

21       Q.    Sure.

22      A.      December 27th, 2005.

23      Q.      Right after Christmas?

1 A. Yes.

2 Q. Is this contract then negotiated --  
3 renegotiated at the end of its term?

4 A. Yes, it's -- what it has is a -- May I turn to  
5 that clause and look it up myself here?

6 Q. It may be the last page. ANNUAL RATE OF  
7 INCREASE.

8 A. What page is that on?

9 Q. It's the last page of my copy.

10 A. What clause do you have?

11 Q. This is a copy we made of your exhibit. So --

12 MS. HARRIS: It's at the end of the  
13 proposal, not the end of the contract.

14 MR. GROTH: At the end of the attachment.

15 THE WITNESS: Oh, at the end of the  
16 attachment. Back here?

17 MR. GROTH: Yes.

18 A. Well, yes, this -- see, this was -- this was  
19 proposal information here. Out of this then  
20 comes the actual contract. Now this was made  
21 an attachment to it, so we would still live up



1           stated, is not to exceed 7 percent. I don't  
2           think we were ever anywhere close that though.  
3           But I don't really remember. I think the last  
4           one, we have a letter here it says in 2008, it  
5           only went up 2 percent. But I don't remember  
6           about the other ones. There should be  
7           something in the contract though. Let me keep  
8           looking here.

9                     Oh, here it is. Here it is, 3.1.1  
10           ANNUALIZED AMOUNT UPON RENEWAL. Upon each  
11           renewal of this agreement, the annualized  
12           amount of increase shall not exceed 7 percent,  
13           unless agreed to by both parties in advance of  
14           the renewal date.

15    Q.    Okay.

16    A.    So that's what it was and it simply puts a cap  
17           on how much we can raise the amount.

18    Q.    Okay. Referring to page 8, it states that  
19           5.3.1 is the entire agreement. And yet what I  
20           was handed today, and I believe what I was  
21           given earlier in response to the request for

22           production, was the attachment as Health Care  
23           Program. Is that part of the contract?

1     A.    It says this agreement with the attached Health  
2           Care Program and Cost Proposal constitutes the  
3           entire agreement.  That's what it says.

4     Q.    Okay, so that is part of the agreement?

5     A.    Yes.

6     Q.    All right, and then 5.3.2 HOLD HARMLESS, would  
7           you read that and explain what it means.

8     A.    ACH shall hold harmless the county, sheriff,  
9           and any and all of their agents and employees  
10          against any loss or damage, including  
11          reasonable attorney fees and other costs of  
12          litigation caused or necessitated by the sole  
13          negligence of ACH, its agents, employees or  
14          vendors related to medical treatment or the  
15          care provided by ACH.

16    Q.    And what does that mean?

17    A.    I would think my interpretation of this is that  
18          if we have a very specific thing in which we  
19          have been completely at fault for this and the  
20          sheriff is sued for it for some reason, that we  
21          would stand behind that.  That would be my --

22           my guess --

23     Q.     Okay.



1 A. -- about what that means.

2 Q. So if there's any -- any question about the  
3 sheriff being sued --

4 MR. SUTHERLIN: And Mr. Groth, I'm not  
5 asking for a medical -- I'm sorry -- a legal  
6 opinion, I'm just trying to get a general  
7 opinion here.

8 BY MR. SUTHERLIN:

9 Q. If the sheriff is sued, then your company or  
10 your insurance carrier would then indemnify if  
11 it was determined that you were the sole person  
12 or your agent were the sole person responsible?

13 A. Well, indemnify is a legal term and I'm not  
14 necessarily familiar with that term, so I don't  
15 want to use the word "indemnify" because I'm  
16 not certain what it means.

17 But for example, if -- if the -- if it was  
18 determined that there was an incident and both  
19 the sheriff's department and our people were at  
20 fault, then I would think it would fall to both  
21 of us. If it was just our people that were at

22           fault, I would think it would fall to us.

23    Q.   And looking on -- it's not numbered but it

1           talks about on-site and off-site services.

2       A.    Page, please.

3       Q.    Of the attachment, it's the first page after  
4           the signature page.

5       A.    Okay.

6       Q.    As I understand this, and correct me if I'm  
7           wrong, your company will not pay for any  
8           medications or prescriptions that have to do  
9           with HIV or AIDS, hepatitis, rabies,  
10          musculosclerosis, cancer or court-ordered  
11          medications.

12      A.    That's correct.

13      Q.    It does indicate, following that same section,  
14          that HCH will provide disposable medical  
15          supplies; is that correct?

16      A.    Yes.

17      Q.    How is that done?

18      A.    Well, the nurse keeps track of the supplies and  
19          then she orders supplies from our suppliers and  
20          we pay the bill. They bill us direct for that.

21      Q.    Okay. And then at the bottom of that page it

22           says MANAGEMENT SERVICES Risk Management, Site  
23           Specific Policies NCCHC standards.

1 A. Yes.

2 Q. What does that refer to?

3 A. That refers to this generic set that we  
4 recommend that they look at and that they  
5 would -- they would modify their existing  
6 policies to meet NCCHC recommendations.

7 Q. Okay, and so for the record, what does NCCHC  
8 stand for?

9 A. The National Commission of Correctional Health  
10 Care.

11 Q. Okay. All right, and those were the -- those  
12 were the documents -- that standard was the  
13 document that constituted the Tab 2 COUNTY JAIL  
14 POLICIES AND PROCEDURES that you provided to  
15 the Jackson County jail for their  
16 consideration?

17 A. Yes.

18 Q. Want me to show it to you?

19 A. Yeah, let me take a quick look -- sometimes  
20 they'll mix their own policies in there --  
21 since I haven't seen what you were given there.

22                               Yes, this is our format.

23       Q.     Okay, that's your format. You took it off the

1 NCCHC?

2 A. Yes.

3 Q. And did you make any changes to that national  
4 standard?

5 A. For Jackson County?

6 Q. No, for the thing -- for this document that you  
7 presented to them.

8 A. Well, the way this is done is there is a book  
9 that's put out by the NCCHC, but they don't  
10 write it this way. So what we have to do is  
11 take those standards and then put them into  
12 written format. So we put them in written  
13 format so that they're in policy format and  
14 then that's what we supply to them.

15 But if you look at the numbers at the top,  
16 it will have like J, you know, H16 or some such  
17 odd number as that. Those numbers will  
18 correlate to the book for that particular thing  
19 that they are recommending that you have a  
20 policy.

21 Q. Sure. And then, at least on some of the pages,

22           it -- it said it was reviewed and revised --  
23           yeah, revised 5 of -- which would have been May



1 of 2005.

2 Did you make -- Is that your revision?

3 A. That would have been -- Is that all policies or  
4 this particular policy? I think that  
5 particular policy was revised at that time.

6 Q. Okay.

7 A. That's probably what that means --

8 Q. Okay.

9 A. -- most likely.

10 Q. That would have been just that particular  
11 policy that was revised by your organization?

12 A. No, it would be -- remember, these belong to  
13 the sheriff, everything belongs to the sheriff.

14 Q. No, this one here is the one I just asked you  
15 was the templet.

16 A. Oh, okay, if that's the templet, then that  
17 would be a generic revision that we would have  
18 made.

19 Q. That you would have made?

20 A. Yes.

21 Q. Not the NCCHC?

22       A.     We would have got it from them.  They -- see,  
23             they change things all the time.

1 Q. Okay.

2 A. And then we come back and revise things and  
3 that sort of thing.

4 We attend -- as a general rule of thumb,  
5 there's two national meetings a year that we  
6 attend.

7 Q. So that the record's clear, I'm referring to  
8 the documents provided by defendants under Tab  
9 2 to our first request for production.

10 Then tab number 3 becomes the Jackson  
11 County Jail Policies again provided by your  
12 organization?

13 A. We wouldn't have had those. They had to come  
14 from the jail, if they are the Jackson County,  
15 I would think.

16 Q. I don't know where they came from originally,  
17 but your attorney provided them. So take a  
18 look at that, please. This is tab number 3.  
19 Would you look at that, please --

20 A. Okay.

21 Q. -- just in general.

22 A. Okay.

23 Q. Thank you, Doctor. Did you review their

1 policies and procedures to ensure, or did  
2 anybody on your staff to ensure, that they  
3 complied with your standards, state standards,  
4 and the NCC standards?

5 A. The way that the practice works is that we  
6 supply the sheriff with the generic ones as  
7 these are our basic recommendations of things  
8 that you need to consider.

9 From that point on, it's entirely up to  
10 the sheriff, we have no further input into it.  
11 Now we will advise them. Sometimes sheriffs  
12 don't understand why you need a particular  
13 policy, we will work with them on that to try  
14 to explain why we think this is important. But  
15 in the end, it comes down to what the  
16 sheriff wants to run his department. So this  
17 becomes entirely the sheriff's document, not  
18 ours.

19 Q. What's the date on that one?

20 A. This one says February of '07.

21 Q. All right. I don't think I brought the other



1           #1 in the deposition of Marc Lahrman. Would  
2           you look at that, please. Would you read  
3           through those, Dr. Johnson.

4                     Do you find your signature on the  
5           documents that they have used for the policies  
6           and procedures for Jackson County Jail for  
7           2006?

8       A.   This is not a policy and procedure manual.

9       Q.   What is it?

10      A.   It's a protocol manual.

11      Q.   Are those protocols that you provided?

12      A.   Yes.

13      Q.   So the protocols that you provided are then  
14           incorporated by the sheriff or accepted by the  
15           sheriff as the protocols that you require them  
16           to follow?

17      A.   Well, these are general guidelines because  
18           physicians are different and physicians may or  
19           may not follow the protocols, they may have  
20           another way of how they approach that. This is  
21           to just help with the standardization of

22 information and that sort of thing. In the  
23 end, the physician is finally responsible for



1           the way things are taken care of.

2       Q.   Well, in this particular case, you employed the  
3           physician.

4       A.   Yes.

5       Q.   My question to you is, do you require the  
6           physicians to follow these protocols?

7       A.   No.

8       Q.   Do you require them to field test these  
9           protocols?

10      A.   We advise that they use the protocols to help  
11          them gather data and for documentation.

12      Q.   So these documents which are referred to as  
13          jail protocols, they were signed you and  
14          revised in September 01 of '05; is that  
15          correct?

16      A.   Yes, I believe that was the date on them.

17      Q.   Okay, and when did you provide these jail  
18          protocols to Jackson County?

19      A.   It would have been at the time that we started  
20          the project, which I believe was on my initial  
21          visit, which would have been the 27th of

22           December.

23       Q.    Okay. All right, so your organization is the

1           sole author of these general protocols?

2       A.    Yes.

3       Q.    When you went to Jackson County, were you --  
4           was the first time you went there, was that to  
5           make the presentation, the training  
6           presentation?

7       A.    Yes.

8       Q.    Did anyone else go with you?

9       A.    I think the answer is yes, but I don't know if  
10           I can tell you who it was. I -- I can't tell  
11           you right now who it was, but I'm sure that I  
12           had someone else with me at the time, usually a  
13           nurse.

14      Q.    And you said earlier that it was -- that it was  
15           approximately a two-hour presentation?

16      A.    Yes, they run from an hour and forty-five to  
17           two and a half to three hours, depending upon  
18           the number of questions and all that kind of  
19           stuff.

20      Q.    And what is presented during those two hours or  
21           so?

22       A.     I present a general overview of introduction to  
23             correctional healthcare because the standards

1           in correctional healthcare are set by, as you  
2           know, the 14th Amendment and that's different  
3           from what the standard practicing doctors are  
4           used to.

5                       So what we want to do when the sheriff  
6           asks us to put in a correctional healthcare  
7           program, when the sheriff has made a decision  
8           to put in a correctional healthcare program, we  
9           want to make sure that his officers understand  
10          why we're doing things in the way that we're  
11          doing it and help them understand their  
12          responsibilities from a legal standpoint in  
13          that kind of environment.

14       Q.   Do you cover the protocols that I just showed  
15           you that were -- that had your signature on  
16           them?

17       A.   We talk about them but we do not cover them.  
18           That's done by the nurses, nurse training, and  
19           it's usually done with the medical staff.

20                       So, for example, they would go in great  
21          depths over the protocols with the nurses and

22           then they would spend extra time talking to the  
23           officers, possibly explaining how to use them

1           and so on and so forth.

2                   I do spend some amount of time talking  
3           about how to do documentation using those, so  
4           that is part of my talk. And I actually bring  
5           the book in and I say, Look at this. Now  
6           here's the situation where an inmate was  
7           bitten. This is what you do, you pull this  
8           out, you copy this, you fill this out. This is  
9           what you do, you call the doctor. And that's  
10          how we go through that.

11       Q.   Where is it required in your contract that the  
12           nurse provide this training, this more specific  
13           training on protocols?

14       A.   It's not -- It's in the contract that we need  
15           to assist, I believe, with the ongoing training  
16           of the staff in general and we just  
17           automatically think that we could help the  
18           officers by helping with training there too.  
19           So we put some of our corporate nurses in there  
20           to assist with that.

21       Q.   Well, who would that be?

22       A.     There's been a couple of them.  Initially, it  
23             was whoever went down there with me.  It may



1           have been Karen Stokes. But following that, we  
2           know that Shannon McCord was in there, we were  
3           aware of that. It looks like Shannon has been  
4           the principal nurse that has -- regional nurse  
5           that has been in there working with the medical  
6           community.

7       Q.   When you say the medical community, really  
8           that's only one person, Nurse Robinson?

9       A.   Well, but it's bigger than that because she's  
10          only there during the day, you know, and  
11          there's other people that have to kind of pick  
12          up the ball and so they need to at least have  
13          some nodding acquaintance with where's the med  
14          cards, you know, how do I find the drugs in the  
15          middle of the night and all those kinds of  
16          things. So there's a little bit more to it  
17          than that.

18      Q.   Oh, I agree. But I'm just asking you  
19          specifically did either of those people that  
20          you just identified have any interaction with  
21          any of the other, quote, "medical folks,"

22                whoever they might be, other than Nurse

23                Robinson when they came down there?

1 A. Yes.

2 Q. Who?

3 A. It would be whoever went with me.

4 Q. No, I'm talking about -- Let me make this  
5 clear. We've done the depositions of all the  
6 jail officers that interacted with --

7 A. Uh-huh.

8 Q. -- Mr. Wallace, we've looked at their personnel  
9 files for purposes of training. There were --  
10 there were groups -- I'm sorry, there were some  
11 of the jail officers that had not received the  
12 two-hour training that you referred to, none of  
13 them said that they had any other training  
14 except for the two-hour training that you gave.

15 When I asked Dr. Ahmed, he first said it  
16 was sort of on-the-job training and I asked him  
17 specifically what that was and he responded,  
18 Well, if anybody had a question, I was willing  
19 to answer them.

20 Is that your idea of on-the-job training?

21 A. No, it's more formalized than that.

22 Q. Well, what was this more formalized training  
23 other than the two hours that you gave?

1       A.    May I refer to the record?

2       Q.    You may refer to anything.

3               While you're doing that, can we take a  
4       bathroom break.

5               MR. GROTH:   Yes.

6                               (Whereupon a short recess was  
7                               taken and proceedings resumed as  
8                               follows.)

9               MR. SUTHERLIN:  Can you read back the last  
10      question.

11               THE REPORTER:  "Well, what was this more  
12      formalized training other than the two hours  
13      that you gave?"

14      A.    I was prepared to answer that.  Okay?

15      Q.    Go ahead.

16      A.    On December 28th, the day after my initial  
17      two-hour, whatever it was, presentation, I  
18      wrote a letter back to the sheriff and in that  
19      letter, the last paragraph, I noted:

20               The nurse is very knowledgeable and  
21      further training will be continued in January

22           2006 by our State Manager, Nurse Rose. We  
23           believe -- or I believe we will be able to

1           assess all of the other aspects of the program  
2           to be sure that everything is working well.

3                       So at that point we know that we had  
4           scheduled further training. The way that we  
5           follow up on that then is to look at the  
6           strategic plans and see what items were  
7           included in there to be sure everything is  
8           done.

9                       As we review the action items, I see that  
10          item 10 is an in-service on medication  
11          administration for the correctional officers.  
12          The time frame was as soon as possible,  
13          probably within the next day or two, and the  
14          person responsible was Nurse Missy.

15                      Now, then we have to decide whether that  
16          was in fact even done. So we'd have to go to  
17          the first minutes of the CQI and the  
18          corresponding letter to see if that was  
19          complete.

20                      That meeting was held on May 24th and the  
21          corresponding letter that went with that says,

22           It was nice to -- This came from Shannon

23           McCord, Regional Manager:



1           It was nice to meet you at our first CQI  
2           meeting on May 24th, 2006. According to the  
3           strategic plan developed for your facility, all  
4           action items have been completed and instituted  
5           as required except one, changing the policies  
6           and procedures to reflect the exact medical  
7           operations of the facility.

8           So we would have to assume that all that  
9           training was done at that time. Now since  
10          then, there's been evidence that we've had  
11          other ongoing training and that's reflected in  
12          the letters that have gone back to the sheriff.

13       Q.    Okay, let's take sort of this because there may  
14           be some false assumptions there, let's refer to  
15           Plaintiffs Exhibit #6, which is the letters  
16           that you talked about.

17           The first letter that you referred to in  
18           Plaintiff's Exhibit #6 is dated December 28th?

19       A.    Yes.

20       Q.    Okay. And you identified certain things that  
21           you hope will happen in January of '06. Does

22           it not say that?

23       A.    Yes.

1 Q. Did it happen?

2 A. We believe it did because all items were taken  
3 care of, everything was taken care of.

4 Q. So then did your folks come down there in  
5 January of '06?

6 A. I have no reason to believe that didn't happen.

7 Q. Well, let me -- This is what it says, The nurse  
8 is very knowledgeable and further training will  
9 be continued in January 2006 by our State  
10 Manager, Nurse Rose.

11 A. Yes.

12 Q. Did Nurse Rose go down there in January?

13 A. I have no reason to believe it didn't.

14 Q. Well, look at your minutes. Did she ever come  
15 in there? Does she indicate that? She says  
16 the very first time she's coming there in May.

17 Where's your record that she came down  
18 there in January, Doctor?

19 A. It's a different nurse.

20 Q. Where's your record that anybody came down  
21 there?

22       A.     The record is that all of that was taken care  
23             of.

1 Q. No, there is no record of such a thing. There  
2 is no record of any such thing. That's your  
3 assumption.

4 A. We will have to disagree then.

5 Q. I guess we will. So you do not have a paper  
6 document to demonstrate that anybody from your  
7 office came down there in January?

8 A. I have a paper document that says that  
9 everything had been completed as of that  
10 meeting on the 24th of May.

11 Q. Okay. And what your record says is that -- I  
12 believe you said that Nurse Rose, Indiana State  
13 Manager --

14 A. Yes.

15 Q. -- and Nurse McCord were in attendance;  
16 correct? Looking at Plaintiff's Deposition  
17 Exhibit #7.

18 A. Looking at the minutes from the CQI, yes.

19 Q. Okay, and in attendance is Sheriff Hounshel  
20 Marc Lahrman, Missy Robinson -- that's Nurse  
21 Robinson, not Nurse Missy, but we'll let that

22           go -- and Linda Brown and Nurse McCord and  
23           Nurse Rose.

1                   Those are the people in attendance;  
2                   correct?

3       A.     Yes.

4       Q.     Is there any evidence in here and can you glean  
5               from any information in here that there was any  
6               further training taking place when your group  
7               came down on May 24th with the rest of the  
8               staff?

9       A.     We know that all of the action items were taken  
10              care of and one of them was to get training  
11              done in January so we have to assume it was  
12              taken care of in January as outlined.

13      Q.     Please listen to my English language completely  
14              and correctly. Is there any indication in this  
15              document on this day that other staff members  
16              were involved in any training on that day?

17      A.     Not in this document.

18      Q.     Let's go to that page 3 of 3.

19                   Are you there?

20      A.     I apologize, I was just reading down here.  
21              Just a moment here.

22                                Okay, I'm on 3 of 3.

23        Q.     Do you understand the significance of item



1           number N?

2       A.    Yes.

3       Q.    Would you tell me what each of those mean?

4       A.    Well, as a general rule, jails run pretty  
5           quietly, there's not a lot of excitement in a  
6           jail for unusual cases.  So anytime there's an  
7           unusual case, we'd want to at least think about  
8           it, listen to what had happened, try to decide  
9           if there's anything that was unusual about it.

10           The two cases that they reported on, one  
11           was a detainee in jail for two years and had  
12           not had tooth cleaning and he complained to the  
13           ACLU and the county paid \$275.00 for that  
14           cleaning.

15           The second one was a detainee who died in  
16           the emergency room after coding in the jail and  
17           the comment was detainee was non-compliant,  
18           refusing to take medications or have blood  
19           pressure taken.

20       Q.    Do you know that to be true?

21       A.    That's just the report.  I was not on-site at

22           the time.

23       Q.   Did you do any peer review on this particular

1 incident since it involved a death?

2 A. We -- First of all, the death report would have  
3 been reviewed or analyzed by the site physician  
4 and then, following that, I looked at the case  
5 records and that sort of thing.

6 Q. What constitutes case records?

7 A. Well, this is the same discussion we had  
8 before. These -- this is the medical record of  
9 that particular patient.

10 Q. And when did you do that site review on this  
11 particular death?

12 A. This probably would have been done within  
13 thirty days following that death, I would  
14 think.

15 Q. Did you have formal discussion with Dr. Ahmed?

16 A. Not formal. We discussed the case informally  
17 but I didn't -- I don't recall a formal  
18 discussion with him.

19 Q. Somebody dies and you can't even have a formal  
20 discussion about the circumstances?

21 A. Well, define formal.

22 Q. Where you sit down, you look at all the  
23 documents in front of you available to you and

1           you actually make a determination whether or  
2           not your physician acted appropriately or  
3           whether or not any of the jail staff acted  
4           appropriately.

5                     That's what I would -- that at least  
6           requires to have a meaningful discussion and  
7           reach a meaningful conclusion about that.

8       A.   We did.

9       Q.   Would it surprise you that Dr. Ahmed in his  
10           deposition said just the opposite?

11      A.   Okay.

12      Q.   It doesn't surprise you?

13      A.   Well, we certainly talked about it. Did we sit  
14           in the same room? No, we didn't sit in the  
15           same room. Did we talk about this by  
16           telephone? Absolutely, we did.

17      Q.   So it's more of a casual conversation? Is that  
18           what you -- Is that what it is?

19      A.   No, it's more of a conference call.

20      Q.   Conference call, but no documents in front of  
21           you. Is that right?

22 A. No.

23 Q. Did you have documents in front of you --

1 A. Yes.

2 Q. -- when you had the conference call?

3 A. Yes.

4 Q. What did you have?

5 A. I had the medical record.

6 Q. When did you have that conference call?

7 A. As I said, this would have been probably within  
8 thirty days of the death.

9 Q. Are you relying then on Nurse Robinson and the  
10 jail staff to have follow-up training in a  
11 supplement to the two hours you gave in  
12 December?

13 A. I believe we talked about Shannon McCord, we  
14 talked about Nurse Rose giving training. Is  
15 that what you're referring to?

16 Q. I'd just like to know where the training is  
17 documented. I see this meeting that you had  
18 with the jail --

19 A. Uh-huh.

20 Q. -- supervisors. I don't see any documentation  
21 of anybody giving the rest of the jail staff --

22     A.     Okay.

23     Q.     -- explanations of the protocols, the



1 policies --

2 A. Okay.

3 Q. -- policies or anything like that. My question  
4 to you was, are you relying then on Nurse  
5 Robinson or the jail administrators to ensure  
6 further training after your two-hour  
7 presentation?

8 A. I think the need for training is identified by  
9 a lot of people, including probably those  
10 people, the nurse, possibly a regional person,  
11 anybody that identifies with the training would  
12 be involved in the decision process.

13 Q. So you expect the jail then to understand the  
14 hundred plus protocols without any specific  
15 training coming from your agency or your  
16 corporation?

17 A. Why do you say there was no specific training?  
18 I've already explained the training that we've  
19 gone through.

20 Q. I asked you very specifically. I'll refresh  
21 your memory. You said you spent two hours and

22           you referred to some of the protocols.

23                   My now question to you is very clear.   Are

1           you saying that in those two hours you covered  
2           all the protocols and trained all the jail's  
3           staff on the use of the protocols, that they  
4           comprehended how to use them?

5       A.    I trained them on the use of the protocols. We  
6           didn't go through every single one and say, Now  
7           this is one is different from this one because  
8           they aren't.

9                    The procedure is the same. You ask these  
10           questions, you do this exam, you call the  
11           doctor. That's always the same.

12       Q.   Do you have any testing to determine whether or  
13           not they understand and comprehend this  
14           two-hour presentation?

15       A.   The -- What you do is you can look at the  
16           results that you get out of it; in other words,  
17           how are they behaving, are they doing a good  
18           job.

19       Q.   Is the answer no, there is no testing?

20       A.   The answer is yes, you follow this, you read  
21           these on an ongoing basis. That's how you test

22           it.

23       Q.    All right. Did you ever take a medical exam

1           when you went through medical school?

2     A.    Yeah.

3     Q.    And did you sign it?  And was it a graded exam?

4     A.    That's a different type of a test.  That's not

5           a --

6     Q.    Well, let me --

7     A.    Let's define medical testing.

8     Q.    -- clarify it?  Here's the question --

9     A.    Yes, great.

10    Q.    Here's the question I'm asking you.  Because  
11           you're playing games with me and I told I don't  
12           like to do that.

13    A.    All right.

14    Q.    I don't like my witnesses to do that.

15           I asked you did you test those individuals  
16           that you were training to see whether or not  
17           they had comprehended the information you were  
18           giving them.

19    A.    If the only kind of a test that you understand  
20           is a written test with signature, the answer is  
21           no.  If, however, continuing peer review and

22           observing what's happening is a form of  
23           testing, which it clearly is in clinical work,

1           then the answer is yes.

2       Q.   Referring to Exhibit #6, a letter dated  
3           September 25th, 2006, signed by Shannon McCord.

4       A.   Okay.

5       Q.   The last paragraph on that first page indicates  
6           that there's a need for additional training.

7           Did you see that?

8       A.   Yes.

9       Q.   Do you know what that was referring to?

10      A.   "We feel it would be beneficial to the officers  
11           to be formally trained in medication  
12           administration and to have some additional  
13           knowledge about addictions and withdrawal."

14      Q.   Was there any sort of event or any sort of  
15           discussion that you could refer to that would  
16           suggest that your staff person believed after  
17           discussing this with Ms. Robinson that there  
18           was additional training needed?

19      A.   Well, you're asking me to guess about this  
20           because I wasn't on the site there. I can tell  
21           how it evolves, but it would be a guess.

22 Q. Did you leave any other training materials  
23 behind for use by the sheriff or Ms. Robinson?



1     A.    There is a packet of paperwork that is left  
2           that includes various documents, various kinds  
3           of things that we would recommend. So there  
4           would have been other materials, just as a  
5           general start-up, that we would recommend.

6     Q.    Okay. I think one of the things that I asked  
7           was for to you bring along with you all the  
8           materials you used in training.

9     A.    Yes.

10    Q.    Are there things that you didn't bring with you  
11           then?

12    A.    No. You asked for the things that I used for  
13           training. I brought everything that I used in  
14           training. The nurses have other things that  
15           they go through for nursing stuff, but I  
16           thought you wanted what I specifically did, so  
17           I brought that.

18    Q.    Okay. Are you saying then that when you came  
19           you just presented your program here,  
20           INTRODUCTION TO CORRECTIONAL HEALTHCARE, and  
21           then left without leaving anything else?

22       A.     The way it works is the nurse, which in this  
23             case it looks like it was probably Nurse Rose,

1 I'm going to guess here, and I go into a  
2 facility and the nurse then works with the  
3 nursing team and I begin to review various  
4 things.

5 We then all come into the same room, I  
6 give my two-hour lecture. Then we break out  
7 and I will go back and generally sit with the  
8 sheriff and go over details of what I think is  
9 important.

10 The nurse breaks out and goes and works  
11 with the nurse and various officers, head  
12 officers and people like that and continues the  
13 training.

14 Q. My recollection is that Sheriff Hounshel did  
15 not attend the training session from his  
16 deposition. Do you have a different  
17 recollection?

18 A. My letter to him says, It was good to meet you  
19 at the initial meeting at the Jackson County on  
20 December 27th of -- that looks like he was  
21 there.

22 Q. He may have been there, I don't know. I'm just  
23 saying my recollection from his deposition is

1           he did not attend the training session.

2       A.   Well, he was there.  Maybe he was in and out.

3           This is a room, there was a lot of people in

4           there, he may have had to get up and leave

5           during certain portions.  I don't know.

6       Q.   Can we have retained the other training

7           materials which were utilized by other members

8           of your staff and left behind?

9       A.   Okay.

10      Q.   Going back to Exhibit #7, the CQI minutes.

11           Okay, I'm looking at the May 24th, 2006,

12           meeting again.  And would we agree that this is

13           the first CQI --

14      A.   Yes.

15      Q.   -- meeting that occurred at the Jackson County

16           Jail?

17      A.   Yes.

18      Q.   Can you walk me through this document so I

19           understand it?

20      A.   Certainly.

21      Q.   Basically, it's a meeting that occurred on that

22                   date and began at 11:05?

23       A.     Yes.

1 Q. People in attendance are listed?

2 A. Yes.

3 Q. Do you know who Linda Brown is?

4 A. I do not.

5 Q. Previous Action Items: Strategic Plan and  
6 Policies and Procedures?

7 A. Yes. The action items off the strategic plan,  
8 all twenty of those were reviewed at that time  
9 and, specifically, the one as was noted in the  
10 letter relating to that date was that they  
11 still needed to continue to focus on policies  
12 and procedures.

13 Q. Okay.

14 A. We then move into Health Care Activity. This  
15 is a general listing of the activity based  
16 upon, for example, how many patients does the  
17 physician see, how many patients does the nurse  
18 see and sick call.

19 This does not include every time a nurse  
20 talks to a patient because in a small jail like  
21 this where they're running up and down the hall

22           and they may run into a patient three times a  
23           day, you know, How are you doing? that sort of



1           thing, those are very informal.

2                       So this only lists the formal sick call  
3           visits that have written documentation that  
4           there was need for medical intervention and  
5           then there needs to be documentation that that  
6           intervention was somehow supplied.

7       Q.   Now, when I'm looking at January, February,  
8           March and April, 15 means that Dr. Ahmed saw 15  
9           patients?

10      A.   15 patients in that month.

11      Q.   In that month, okay. And it says physician  
12           physicals were not given?

13      A.   That's correct.

14      Q.   Physician emergency visits on-site, what does  
15           that mean?

16      A.   He happened to be in the area, they called him,  
17           he drove right in.

18      Q.   Okay. Going to the next section, Nursing.

19      A.   Nursing visits, the first line is nursing  
20           visits for tuberculosis. The sheriff did not  
21           require those at this time and so -- that's

22           where you put a skin test on for tuberculosis,  
23           none were done.

1 Q. And that's because the sheriff didn't provide  
2 that?

3 A. Yes.

4 Q. And that was his call?

5 A. Yes.

6 Q. Number of nursing sick calls.

7 A. Yes, these are nursing sick calls that relate  
8 to specific written sick call slips that come  
9 from inmates. They do not count the number of,  
10 say, ACCU tests that they would do on diabetics  
11 or the number of times that she would have done  
12 blood pressure checks or, you know, that sort  
13 of thing. You know, or even follow ups on  
14 various things, they wouldn't count those.  
15 This is specifically the number of sick calls  
16 that she saw and addressed in her notes.

17 Q. Okay. And this would be in response to the  
18 inmate filling out his sick call --

19 A. Yes.

20 Q. -- request?

21 A. Yes.

22 Q. And you're sure they were utilized --

23 A. Yes.

1 Q. -- by them?

2 A. Yes.

3 Q. Okay.

4 A. Moving on down --

5 Q. Before we do that --

6 A. I'm sorry.

7 Q. -- does the nurse then determine whether or not  
8 it's a physician necessary visit or not?

9 A. What they do at the end of the day is they will  
10 call and say, Well, I saw four patients today,  
11 this is what I saw.

12 And they go down the list together. And  
13 then if the doctor thinks he needs to see them,  
14 the doctor makes the decision. If the nurse  
15 thinks they need to see him, the nurse makes  
16 the decision, but anyway either one of them.  
17 Anybody who thinks that they need to see him,  
18 that's put on the doctor's call list.

19 Q. And that's left up to the nurse? Or you're  
20 saying that the person insists on seeing the  
21 doctor, it's not up to the nurse?

22       A.     No, the patient can't bypass the nurse.  They  
23             can't, otherwise everybody would automatically

1           want to see the doctor, nobody would see the  
2           nurse.

3                       So the practice in all jails is they need  
4           to be triaged by the nurse. That's the  
5           standard of care.

6       Q.    Okay. And then the next section is dental?

7       A.    Dental. It looks like there was -- Well, I  
8           think it's fairly explanatory. Number 3 is the  
9           number of complaints they had, number 1 is the  
10          number that were actually seen by medical, and  
11          number 2 is the number that we referred  
12          outside.

13                    So what most of these dental complaints  
14          must have been -- You usually see this when  
15          there's dental infections in people that are  
16          short-term, they start on the antibiotics and  
17          then they're released from jail so they never  
18          actually get out to see the dentist.

19       Q.    Under your contract, are your -- is your  
20          physician required to at least determine  
21          whether or not there's any medical intervention

22           or medical treatment appropriate for dental  
23           complaints?



1 A. Yes.

2 Q. And this is the one in which the ACLU got  
3 involved? This is the category?

4 A. Well, this is -- that particular -- Yes, the  
5 answer is yes. And that particular case was  
6 evidently in which the patient must have been  
7 in for two years, this must have been well  
8 prior to us, and wanted his teeth cleaned.

9 As a general rule in a jail, most jails  
10 don't provide teeth cleaning as a general rule.  
11 But evidently this particular case they must  
12 have decided to go ahead and have that done.

13 Q. It would look as if there were the same number  
14 of complaints. I'm not sure what that means.  
15 Is that like a dental complaint?

16 A. They put a sick call slip in and then whether  
17 or not they were actually seen -- so those  
18 numbers should be the same. Once in a while  
19 they'll be different because they're unable to  
20 put a sick call slip in and they'll be released  
21 from jail the next day and not seen.

22 Q. Psychiatric.

23 A. Psychiatric is the number of detainees that are

1           on psychotropic drugs.

2       Q.    Okay.  And then the number psychiatric  
3           evaluations.  Who does the evaluation?

4       A.    I would imagine this was somebody that was sent  
5           off-site.  I don't know for sure, but that  
6           would be my guess.  Probably sent out to see a  
7           psychiatrist or something like that.

8       Q.    Did you ever review what the jail policies and  
9           procedures were for taking a medical history  
10          and doing symptom identification of inmates  
11          that are brought in?

12      A.    I don't know if I know exactly what you're  
13          asking me.  In the policy and procedures per  
14          se?

15      Q.    When you evaluated at Jackson County Jail, do  
16          you recall whether or not you looked at their  
17          procedures or policies for taking medical  
18          history and also for, I guess, either having  
19          the knowledge that their staff were trained in  
20          symptom identification for purposes of  
21          identifying psychiatric problems or chronic

22           problems or contagious disease problems or  
23           anything like that?

1     A.    Um, that work is specific to medical people.  
2            You can't expect the officers to have that kind  
3            of knowledge. So what we do is we spend the  
4            time with the nurse. Now this is a trained  
5            nurse, so she has a pretty good feeling for  
6            that sort of thing. However, we do have  
7            documents that we recommend that she use when  
8            she does detailed evaluations like that and it  
9            helps to focus her in that sort of thing.

10    Q.    Do you know whether or not your evaluation --  
11            we don't have that question here with us -- but  
12            whether the evaluation of their operation and  
13            their policies also focused on the intake  
14            process where history is taken, psychiatric  
15            profile is observed, that kind of thing?

16    A.    I'm going to have to guess on this. Can I give  
17            you an answer? Because I believe it to be  
18            true.

19            Virtually all jails and I'm sure this one  
20            also focuses on the psychiatric history at  
21            intake. This is at book-in. And during that,

22           questions about suicidality and things like  
23           that are asked. So there is that initial

1 screening when they come through the door.

2 Is that what you're referring to?

3 Q. We hope, and my question is did you evaluate  
4 whether in fact it is done?

5 A. We -- what we do is we review the  
6 questionnaire, we don't stand out there and  
7 observe the officers while they're doing this,  
8 but we evaluate the questionnaire to insure  
9 that the questioning is adequate.

10 Q. Pharmacy. Would you goes through what that  
11 means?

12 A. Yes. The first one is after hours calls placed  
13 to pharmacy. Now this would be possibly  
14 emergency. There's always a backup pharmacy.

15 Frankly, I don't I don't remember who the  
16 pharmacy was in this particular case, but  
17 generally we use a national pharmacy and then  
18 they'll use a local pharmacy for backup. Night  
19 calls generally go to the local pharmacy.

20 So it looks like in February and in March  
21 it was necessary to send somebody to the local

22 pharmacy to pick up a prescription.

23 Q. Okay. Then it says Amount charged for



1 Medical/RX to inmate accounts, that's left  
2 blank.

3 A. Well, I think, and once again I'm guessing, but  
4 what I remember is that there was no co-pay  
5 system at this time. I believe eventually a  
6 co-pay system was developed but I don't think  
7 there was initially. This would reflect  
8 co-pay. And any moneys that would be collected  
9 there would go to the sheriff.

10 Q. The next part of that says percentage of  
11 detainees on general medication.

12 A. Yes, for every hundred inmates in the facility  
13 in February, eighteen of them would have been  
14 on some type of general medication, at least  
15 three of them would have been on a psychotropic  
16 medication.

17 Q. And the jail's responsible for that data, I  
18 take it?

19 A. No. Well, the nurse is responsible, the nurse  
20 gathers that. Sometimes we can get it from a  
21 pharmacy but the problem is the pharmacy

22           doesn't know what the average data census is  
23           and that's where the problem is.

1 Q. Next category is Pharmacy Errors.

2 A. Yes.

3 Q. And it has three categories, Nursing,  
4 Correctional Officers and Pharmacy?

5 A. Right.

6 Q. What does that mean?

7 A. It appears that -- Well, sometimes they're  
8 simple human errors, sometimes there's nursing  
9 errors, they write the wrong drug down or the  
10 wrong thing. It appears that the pharmacy had  
11 one error in the month of March. It's not  
12 listed what the error was, it must not have  
13 been specific, otherwise there would have been  
14 a note about that.

15 We believe our pharmacy should be pretty  
16 perfect and so we always note every single  
17 error. Sometimes they'll send them in, they'll  
18 have a misspelling of the patient's name, we've  
19 seen that occur, or they will have the wrong  
20 birth date on a patient. We know it's the  
21 right patient, but it's the wrong birth date.

22           And so those are considered to be errors.

23    Q.    When we refer to the pharmacy then, we're

1           talking about the jail pharmacy that's  
2           supervised by the visiting physician?

3       A.   We're talking about medicine handling in  
4           general, yes.

5       Q.   Okay.

6       A.   So everything to do with health and how the  
7           medicines are handled.

8       Q.   Going to the next category, Laboratory, Lab  
9           Test ordered, Total Lab Tests Ordered?

10      A.   Yes.

11      Q.   Does your contract pay for those?

12      A.   Can I refer to the contract, please?

13      Q.   You may.

14      A.   We pay for on-site laboratory testing,  
15           including fingerstick blood sugar, urine  
16           dipstick for pregnancy and/or infection.

17                I'm sorry, I want to check one other  
18           clause here because I suspect that the off-site  
19           labs may be included in the -- in the monthly  
20           amount, so I'm just checking to see how that  
21           was handled.

22 Well, there's 1.1.3. OFF-SITE AND/OR  
23 MOBILE SERVICES, states: When off-site and/or

1 mobile services care are required for medical  
2 reasons, ACH shall arrange and be financially  
3 responsible for the cost of inpatient hospital  
4 services, outpatient hospital services, mobile  
5 services, speciality services, dental care,  
6 laboratory and diagnostic testing, and it goes  
7 on about that.

8 So the answer would be yes, we'd be  
9 responsible for the expense of that, but it  
10 comes out of two different pockets. The  
11 off/site, the ones that are sent off-site  
12 coming out of this -- this small amount that we  
13 act like third party administrator for --

14 Q. The 5000?

15 A. -- the 5000, the in-house stuff comes out of  
16 medical supplies and we pay for that regardless  
17 of what it is.

18 Do you want me to continue?

19 Q. Yes, Radiology.

20 A. Okay.

21 Q. Is that one off-site?

22       A.     Radiology is one of those off-site things.

23             There was none done during this period.



1           Nutritional services, this has to do with  
2           special diets ordered, special snacks,  
3           sometimes we need snacks because of pregnancy,  
4           diabetes or some such odd thing. That lists  
5           the number of those.

6       Q.   Respiratory Therapy. Number of procedures  
7           provided by medical staff.

8       A.   Yes, this has to do with special treatments,  
9           special inhaler treatments that might be  
10          necessary. None were required during this  
11          period.

12      Q.   That's like for asthma?

13      A.   Yes, that sort of thing.

14      Q.   Emergency Medical Services Off-Site.

15      A.   Yes, this records the number of people that had  
16          to be transferred to the emergency room for one  
17          reason or another. These had been ordered by  
18          doctor, by whoever the doctor was at the time.  
19          And you can see how many are generally sent  
20          off-site.

21      Q.   And those can only occur if the doctor approves

22           them under your contract?

23     A.     Well, there is a common sense thing here that

1 occurs. So if a patient falls down and rips  
2 their leg off, they're probably going to  
3 transfer first and call the doctor later. You  
4 know, there is that sort of thing. But for the  
5 most part they try to let the doctor make the  
6 decisions.

7 Q. Okay. Chronic Disease Status.

8 A. Yes. Chronic Disease Status was a new program  
9 that we initiated at the jail. Prior to our  
10 coming on board, they did not have this.

11 When a patient has an illness, let's say  
12 he has diabetes in the past, if he didn't cause  
13 any problems and he had no complaints, so his  
14 blood sugar was always fine, it's -- it's  
15 possible that he could be there a year and  
16 never be seen by the doctor.

17 Our opinion and the opinion of the NCCHC  
18 is that that -- that's not a good standard. So  
19 we recommend that they set up visits with the  
20 doctor no less than every four months  
21 routinely, whether they ask for it or not, and

22           that those visits then involve laboratory work  
23           when necessary, like hemoglobin A1C for

1           diabetes, and then the doctor sees the patient,  
2           reviews the lab work, reviews the medicines,  
3           discusses the patient's illness and decides  
4           whether everything is fine or whether any  
5           changes or corrections need to be made.

6       Q.   Let me ask you about Hepatitis C. Does your  
7           contract cover treatment for Hepatitis C?

8       A.   The answer is yes, but we don't pay for it, but  
9           we -- we purchase it, we treat the patient as  
10          needed and that is a carve-out so that would  
11          then be billed to the jail.

12      Q.   Communicable Disease.

13      A.   Yes.

14      Q.   Is TB a carve-out? Is TB one of those  
15          communicable chronic diseases that is carved  
16          out?

17      A.   No.

18      Q.   Going to the last page it says Review Policies  
19          and Procedures. 0 comments. I don't know what  
20          that means. Do you know what that means?

21      A.   Well, the comments say that the policies and

22           procedures were not entirely reviewed and  
23           completed at that point. The nurse, in this

1 case it would have been Shannon McCord,  
2 stressed the importance of completion and spent  
3 two hours after the meeting to help complete  
4 and arrangements were made for another meeting  
5 to go finish them.

6 Q. So the policies and procedures of the Jackson  
7 County jail in May of 2006 were not completed?

8 A. No, they have policies and procedures. We  
9 recommend improvements in the policies and  
10 procedures and that's what wasn't done.

11 Q. How would we know which changes occurred then?

12 A. I think you'd have to look at the policies and  
13 procedures from '05 and compare them with the  
14 policies and procedures that occurred in '06  
15 after they were signed. I think that would  
16 tell you what improvements were made.

17 Q. Has Dr. Ahmed been sued, to your knowledge,  
18 while he's been employed by Advanced  
19 Correctional Health Services other than this  
20 case?

21 A. I believe so.

22 Q. Can you tell me about those other cases?

23 A. I cannot, but I can supply a report to you.



1 Q. Okay. Referring to Exhibit #8, Jackson County  
2 Indiana Strategic Plan.

3 Okay, this looks as if this went out under  
4 your signature or over your signature. Is that  
5 correct?

6 A. Yes.

7 Q. And did you have other people assist you in  
8 developing this document?

9 A. Probably not.

10 Q. Probably not?

11 A. Probably not. I probably did this one myself.

12 Q. Is it part of the Jackson County Strategic Plan  
13 and the strategic plan of Advanced Correctional  
14 Healthcare to provide the lowest overall cost  
15 by developing contract with outside vendors and  
16 suppliers?

17 A. Yes, we do that. It's not listed in the  
18 strategic -- Well, I shouldn't say that. It  
19 may be, let me look.

20 Q. In the very first paragraph --

21 A. Okay.

22 Q. -- the last sentence.

23 A. Yes.

1 Q. That's your staff program that says physician  
2 training. What does that mean?

3 A. There is a discussion of that on page 2 in  
4 which we describe the major problem that we see  
5 in jails is that staff physicians are not in  
6 fact trained to work in jails, it's a very  
7 difficult and very specific specialty, and so  
8 we just briefly discuss what the problem is and  
9 then we move to the solution.

10 Q. Now it indicates here that Dr. Ahmed is the  
11 medical director of Randolph, Switzerland,  
12 Dearborn, Ripley, Brown and Delaware Counties?

13 A. Yes.

14 Q. Is that the title that you give him when he  
15 goes into these various counties?

16 A. Well, as I mentioned before, when you have just  
17 one doctor in a facility, they become not only  
18 the site physician but also the medical  
19 director. So the answer would be yes.

20 Q. Let's go through this then. I guess I'm not  
21 sure what I'm looking at there. When you say

22           physician training, does that suggest that your  
23           Dr. Faisal Ahmed is now a properly trained

1           physician to deal with medical problems  
2           occurring in the Jackson County Jail?

3       A.    Yes.

4       Q.    By education and training, in-service program  
5           for correctional officers, medical officer  
6           training, colleague developments. What does  
7           all that mean?

8       A.    Well, first of all, in-service training for  
9           correctional officers. The discussion is this,  
10          and this is in regard to how to work with a  
11          medical vendor because they never had one  
12          before.

13                So the document indicates that in any new  
14          program where the jail has been managing the  
15          total healthcare program and making all of the  
16          decisions, it's important for the correctional  
17          officers to understand how the managed program  
18          works and how it is to their advantage to work  
19          with the caregivers. It must be made very  
20          clear that the correctional officers should not  
21          take any responsibility for medical decisions.

22           And so that's part of what we try to do.

23           The solution then -- here it's Karen

1           Stocke, it wasn't Nurse Rose, I misspoke --  
2           Karen Stocke was the nurse that went with me.  
3           Karen Stocke and I met with medical staff on  
4           December 27th, 2005, at 6:00 p.m. to begin the  
5           orientation process, to begin the -- looks like  
6           we retyped that -- to begin the orientation  
7           process for the Jackson County Jail. All  
8           questions were answered and I believe we had a  
9           good response.

10                    So that's how we got the program started  
11           and that was our initial introduction to it.

12       Q.    Okay. When you say medical staff, you seem to  
13           use that term "medical staff" and "medical  
14           team" interchangeably.

15                    Could you explain or clarify who you mean  
16           by medical staff?

17       A.    Medical staff would be professionally licensed  
18           people, like the nurse, Karen Stocke, for  
19           example, Dr. Ahmed, that's the medical staff.  
20           Medical team includes all of those people plus  
21           could include correctional officers that are

22           passing medications, officers that might be  
23           responsible for calling the doctor on third



1 shift, all of those sorts of things.

2 Q. When you're talking about solution which is on  
3 page 3, the medical staff is really just one  
4 person. As far as you know, that's Nurse  
5 Robinson?

6 A. Nurse Robinson, it would be Shannon McCord, it  
7 would be Faisal Ahmed, so on and so forth.

8 Q. Well, on the 27th it says medical staff down.  
9 We already know Dr. Faisal Ahmed wasn't there  
10 as far as I know.

11 A. Okay.

12 Q. So that would just be Nurse Robinson; correct?

13 A. You're at --

14 Q. First page.

15 A. -- Medical Training.

16 Q. First at the very top, I met with the medical  
17 staff.

18 A. Yes, that's who it would be.

19 Q. All right. Okay, then the next part it says:  
20 Medical Training. All medical team members  
21 must be trained in the specific issues related

22 to each new project.

23 Would you define medical team members to

1 me?

2 A. Well, I think I just did. It's every --  
3 everybody that's on the medical staff plus, in  
4 addition, any officers that may be involved.

5 Q. So that's all the jail staff that work at the  
6 jail?

7 A. That are responsible for medical care.

8 Q. Okay. This is -- this is the problem we're  
9 having, Dr. Johnson. Maybe you don't know it,  
10 but everybody at the jail is supposed to be  
11 able to respond to a request --

12 A. Okay.

13 Q. -- and make some evaluations. One of the  
14 people had never been trained, one of the  
15 people, according to his deposition, had no  
16 idea how to use that medical form had made a  
17 medical decision.

18 So that's when you say the medical team, I  
19 need to have you clarify what you mean.

20 A. Okay. I think I have, but I'll do it again.  
21 The medical team would be anybody involved with

22           the health care of the patient. If that  
23           includes every single officer in the facility,

1           then that's what it would be. The sheriff  
2           decides those things, who's on the team and who  
3           does which job.

4       Q. All right. Solution, after Medical Training,  
5           it says, During the initial interview of the  
6           program, the medical officers -- now we have a  
7           new term -- medical officers appear to be very  
8           positive. Who would that be?

9       A. I'm sorry, which one are we looking at?

10      Q. Solution under B.

11      A. During the initial review of this program, the  
12           medical officers appear to be very positive and  
13           willing to work with the program. That would  
14           be the officers that were in my two-hour  
15           meeting.

16      Q. Those would be the jail officers?

17      A. Yes.

18      Q. Now they're referred to as medical officers; is  
19           that right?

20      A. Yes.

21      Q. You've elevated them to medical officers.

22       A.     Well, anybody who's taking care of a patient,  
23             by definition becomes a medical officer.

1 Q. By your definition?

2 A. Yes.

3 Q. Okay. Then it says Nurse Missy -- I don't know  
4 why you keep calling her Nurse Missy.

5 A. Well, that's what they called her in the  
6 facility.

7 Q. -- will continue the training process for the  
8 medical staff and monitor this project.

9 A. I think I might have just misspoke the word  
10 "staff". It should have been "team".

11 Q. Okay. So are you indicating that she then is  
12 responsible for the continued training of the  
13 medical team?

14 A. Well, if you recall, yes, she is responsible  
15 for that. But also Nurse Rose was going to  
16 come in and did get work in January, Shannon  
17 McCord came in later. So there's a number of  
18 nurses that do the training on an ongoing  
19 basis.

20 Q. Okay. Colleague Development. Are you aware of  
21 any off-site meetings that were arranged by

22           your organization or reported on to your

23           organization in dealing with this colleague



1 development issue?

2 A. We, up through last year, I guess up through  
3 2006, were giving annual retreats and this was  
4 a combination of medical education and  
5 colleague development meetings in which we  
6 would bring in all of our clients and we would  
7 get to know them a little bit better socially  
8 but also we would have educational meetings  
9 during that period.

10 And I can't tell you right now of whether  
11 this particular sheriff participated in that.  
12 I believe in '06, I think we held it in Peoria,  
13 in '05 we held it at Brown County, Indiana. We  
14 have since stopped doing that.

15 Q. You have stopped doing that?

16 A. Yes.

17 Q. So you don't know if anybody from Jackson  
18 County participated in this off-site?

19 A. No. The marketing team and the operations team  
20 occasionally will take people to lunch and  
21 things like that while there that's never

22           documented, it's never written down, but  
23           occasionally that happens.

1 Q. Next category is Cost Containment Program  
2 Contract with Pharmacy.

3 Do you find that?

4 A. Yes.

5 Q. It is important in any jail project to obtain  
6 medications at the lowest possible price. As a  
7 general rule, we obtain these prices through  
8 the use of a national pharmacy. However, at  
9 this time the county board members have  
10 approved the Family Drug Pharmacy.

11 Would you explain that?

12 A. What we do is we will present the differences  
13 in cost to a county and then the county can  
14 make a decision. For example, it's possible,  
15 although I don't remember the details, that it  
16 may have been one or two percent more expensive  
17 to use the local pharmacy for whatever reason,  
18 probably because of volume, but frequently the  
19 commissioners will say, you know, for one  
20 percent, I'd rather use local people. So  
21 that's why they do that.

22 Q. B. Utilization. The heart of any cost  
23 containment program is utilization. While most

1 companies do a retrospective utilization with  
2 denials, we feel this approach causes trouble  
3 and is unfair to the vendor or hospital  
4 supplying the service. Because of this, we  
5 have developed a training program for the  
6 doctor and medical officers so cases are sent  
7 off-site only if necessary. This approach  
8 results in lower costs with no denials and no  
9 conflict between the vendors and the jail.

10 Would you explain that, please.

11 A. Well, the most common way that any insurance,  
12 not only -- I mean we're not insurance but  
13 whether it's an HMO or anything else is -- to  
14 handle their costs is to look in retrospect to  
15 decide whether a procedure was in fact  
16 indicated. They then will deny that or  
17 sometimes even require the requesting physician  
18 to fill paperwork out and send it in for  
19 approval before sending the patient out.

20 We don't do that. We feel that once we've  
21 gone through our training that people will only

22           send out the important things and if they feel

23           it's important, then we pay the bill and that's

1           the end of it.

2       Q.   In the Solution section you ask Ms. Robinson,  
3           Nurse Robinson, to monitor cost containment  
4           on-site and was trained in monitoring use and  
5           supplies. What does that mean?

6       A.   It says: Nurse Missy will monitor cost  
7           containment on-site and has been trained in  
8           monitoring the use of supplies and medications.

9                   These are the local supplies. For  
10           example, you can have an ACCU CHEK machine that  
11           has strips that cost a dollar every time you do  
12           the test or you can have one that the strips  
13           cost 36 cents. So we would ask her to simply  
14           look at all of those costs and think about  
15           those things before she orders.

16      Q.   Page 5. In addition, we have identified a  
17           number of areas that will have to be addressed  
18           by you to reduce the utilization of medical  
19           services.

20                   Is it part of your strategic plans to  
21           reduce the medical services to the inmates?

22      A.      Medical costs basically is what it amounts to.

23      Q.      It says services.



1     A.    I know.  I know, but I've misspoke on staff  
2           too.

3     Q.    It is important to be sure that there is a  
4           system for charging for the medical staff's  
5           sick calls continues to be followed.  This  
6           would be -- this would include the nurse sick  
7           calls and the medical officer's sick calls when  
8           the nurse is not on-site.

9                 What do you understand that to mean?

10    A.    This is what we're recommending as a co-pay  
11           system.  In any jail that does not have a  
12           co-pay system, there is massive  
13           over-utilization of the nurse because it  
14           doesn't cost anything to get out and talk to a  
15           nurse.  So you just put in as many calls as you  
16           can think of and you get out and talk to her  
17           every day.

18                 If you start to charge even a nominal  
19           amount, the studies indicate that that number  
20           drops way down.  And so it does really reduce  
21           the utilization of unnecessary medical

22           services, that is true.

23    Q.    Also reduces the use of necessary medical

1 services?

2 A. There's no evidence of that.

3 Q. Are you sure of that?

4 A. Yes.

5 Q. You should probably listen to your presidential  
6 candidates across the country. It's just the  
7 opposite.

8 A. We don't want to get into that.

9 Q. Okay, number 3. Would you explain number 3 for  
10 me, please.

11 A. Expanded commissary. In every jail it is  
12 important that inmates be allowed to treat  
13 common things that you and I would simply --  
14 wouldn't go to a doctor for, we'd simply go to  
15 a pharmacy for. And the classic that we talked  
16 about is dandruff. It's an irritant, it's not  
17 a serious illness as defined by the 8th  
18 Amendment but it's sure an irritant and they  
19 need to have a way to treat those things.

20 And so we would recommend that the  
21 pharmacy have a few basic little things that

22           they could use to help with comfort problems.

23    Q.   Does that include aspirin, Tylenol, Advil?

1 A. Yes.

2 Q. Does that include Tums?

3 A. Yes.

4 Q. And other anti-acids?

5 A. Yes.

6 Q. Do they charge for those?

7 A. The jail will have a commissary list and they  
8 will have the price list. It's different in  
9 every jail.

10 Q. All right. At this time on number 4, Special  
11 diets regarding diabetic, allergic and  
12 pregnancy will be recommended.

13 What do you mean? What would you take  
14 that to mean? Would you interpret that?

15 A. If a doctor feels that a diabetic diet or an  
16 allergy diet, for example if a patient is  
17 allergic to peanuts or something like that,  
18 then they will order a special diet for the  
19 patient.

20 Q. So this is controlled by the doctor?

21 A. Yes.

22 Q. So if a person comes in and says he's a  
23 diabetic, he doesn't get to be a diabetic until

1 a doctor shows up.

2 A. If a person comes in and says he's a diabetic,  
3 the nurse reviews his intake, call the doctor  
4 if necessary and start him on the diet.

5 Q. Let's go to Excessive Medication Utilization,  
6 number 6. It says: A thorough review of  
7 present medication, description and type of  
8 drugs, was conducted on December 27th, 2005.

9 A. I'm sorry. We're on page 6.

10 Q. Yes, 6.

11 A. Okay, I've got it.

12 Q. Excessive Medication Utilization.

13 A. Uh-huh.

14 Q. Who did that?

15 A. That would have been me.

16 Q. Okay, and did you go through each and every  
17 chart?

18 A. Yes.

19 Q. And it was your decision to reduce these  
20 medications?

21 A. What we do when we do that is we talk the case

22           over with the nurse.   The nurse knows these  
23           people very clearly.   Some of the patients may



1           need to be seen prior to this. Some of them  
2           it's very clear that these are simply comfort  
3           drugs and they are not necessary. Sleeping  
4           pills fall into that category very commonly.

5       Q.    So if a person comes in with a medication  
6           that's been prescribed by his family physician  
7           for anxiety, depression, difficulty in  
8           sleeping, you unilaterally make that decision  
9           without consulting his physician?

10      A.    The best medical authority is the jail  
11           physician in this case and we have generally  
12           more information than the family physician from  
13           the standpoint of things like addiction and  
14           things like that. So, consequently, there are  
15           times that we may be in a better position.

16                    Do we occasionally call the doctors?

17           Absolutely.

18      Q.    Solution. We have reviewed all medications --  
19           and this is dated on the 27th -- We have  
20           reviewed all medications and started to reduce  
21           the numb of unnecessary narcotics.

22                   Are you suggesting to me that you  
23                   consulted with physicians on the 27th, the day

1           you arrived?

2       A.   No.  I'm suggesting to you that I, as a  
3           licensed physician, reviewed these cases,  
4           talked to the nurse and made those decisions at  
5           that time.

6       Q.   Did you actually talk to the patient?

7       A.   There may have been times.  I can't tell you  
8           for sure, but I probably saw some patients that  
9           day.  I generally do.

10      Q.   Are you just guessing?

11      A.   No.  I just don't know how many and I don't  
12           have the records of that day.

13      Q.   My recollection is that the doctor makes a  
14           medical record every time he sees a patient.  
15           Is that correct?

16      A.   Yes.

17      Q.   So if you saw those patients and they had  
18           medical needs requiring prescription  
19           medication, you would have made a medical entry  
20           in each of those folders of medical records  
21           justifying the reduction of those medications?

22       A.     No.   What I would have done is I would have put  
23            notes in relative to the patients that I saw

1           that day. We start out by reducing his  
2           medicines.

3                   Now remember, doctors order over the phone  
4           all the time. So this is the same as a  
5           telephone order or any other kind of an order.  
6           We review the record and we make decisions.

7    Q.   Do you have a recollection specifically of  
8           seeing patients on the 27th when you visited  
9           there --

10   A.   I would be guessing.

11   Q.   -- and --

12                   MR. GROTH: Let him finish the question.

13                   THE WITNESS: Yeah.

14           BY MR. SUTHERLIN:

15   Q.   -- and reviewing their medical records and  
16           actually talking to the patients before making  
17           a decision to reduce their medications?

18   A.   On each and everybody person?

19   Q.   On each and every person that you reduced the  
20           medication of, yeah.

21   A.   I did not talk to each and every one of them.

22 Q. Did you talk to anybody on the 27th?

23 A. I would need to review the records of the 27th.

1 Q. Communication. That's 24/7 Network. Tell me  
2 how that works.

3 A. Well, the key to this is to be sure that  
4 there's a doctor available to answer any  
5 questions that may be emergent, that the staff  
6 does not feel that they can wait for a  
7 telephone call back. And so because of that, I  
8 believe we had three doctors that were  
9 available that could be called.

10 As a general rule of thumb, when the  
11 officer calls, if it's something that's not  
12 emergent, he will call and leave a message on  
13 the cell phone. If he doesn't get a call back  
14 in a timely manner, he may try again or he may  
15 simply go to the next doctor on the list.

16 Q. Page 8, Policy & Procedure Changes. I believe  
17 you've addressed part of this. You indicate  
18 that you give the jail administration a generic  
19 set of policies and procedures based upon the  
20 National Commission of Correctional Healthcare  
21 and then you let them use that as a basis for

22           developing their own policies and procedures.

23       A.    Yes.



1 Q. And then you review them and correct them as  
2 needed, is that correct?

3 A. We -- we will take the secretarial act of  
4 making the changes that they want. We simply  
5 type it out for them, we don't make any changes  
6 that the sheriff doesn't want.

7 Q. The sheriff and a healthcare authority and  
8 responsible -- and responsible physician will  
9 then sign the policies. Was that done in this  
10 case?

11 A. I would have to look at the sheriff's copy of  
12 that to see if that was done.

13 Q. Who would have been the appropriate medical  
14 professionals reviewing this and approve? Who  
15 would that be?

16 A. That could have been me or it could have been  
17 Dr. Ahmed.

18 MS. HARRIS: We did produce to you, I  
19 think it was in response to your first request,  
20 signed copies of the Jackson County policy  
21 portion of the materials and those are signed

22           by Dr. Ahmed, as well as Sheriff Hounshel and  
23           Marc Lahrman.

1                   MR. SUTHERLIN: Those were the ones after  
2 Mark Lahrman became sheriff.

3                   MS. HARRIS: No, these are the ones that  
4 were signed at the beginning when Sheriff  
5 Hounshel was sheriff.

6                   I actually meant to shorten things, not  
7 make them longer. I guess I should have kept  
8 my mouth shut.

9                   MR. SUTHERLIN: Stacy, I think you're  
10 probably right, but the one that was produced  
11 by the defendant?

12                  MS. HARRIS: Right, I think they did not  
13 have a signed one. It was not a signed one.

14 BY MR. SUTHERLIN:

15 Q. Do you know if there's been a dental policy  
16 that's been signed off on?

17 A. Well, the sheriff would have those policies.

18 Q. Reading on further, on page 8 where it talks  
19 about solutions. After those policies and  
20 procedures had been approved, reading on it  
21 says, After this is done, all of the

22           correctional officers will need to be  
23           in-serviced in the exact medical policies and

1       procedures as you have outlined and when any  
2       changes to the policies and procedures are  
3       made, you need to retain the old policies for  
4       your records.

5                   When do you believe that the correctional  
6           officers were trained in the use of the  
7           policies and procedures?

8       A.     Well, that would be whoever the training  
9             officer in the jail is. And so I really don't  
10            have any idea. It would have to be after they  
11            were completed, I presume.

12 Q. That's not something you were responsible for?

13      A.      No.

14 Q. Looking at page 9, 10 and 11, and it talks  
15 about actions and responsibilities. I don't  
16 see any indication in these documents, Dr.  
17 Johnson, that anybody came back in January  
18 within a month to do anything. But I could be  
19 missing it. Do you see anything?

20 A. No. All we have is the report from May.

21 MR. SUTHERLIN: Okay, let's take a break.

22 I'm close to being done, but give me a few  
23 minutes.

1 (Whereupon a short recess was  
2 taken and proceedings resumed as  
3 follows.)

4 MR. SUTHERLIN: Okay, back on the record.

5 BY MR. SUTHERLIN:

6 Q. There's an item 18 which I don't understand  
7 either. It says, Trusty policy - no detainees  
8 are to work as a trusty due to risk management.

9 Is that your call? Was that your  
10 evaluation?

11 A. My recommendation that may -- may have been put  
12 in there. That was just my recommendation. If  
13 you notice, it says upon approval, so the  
14 sheriff may have decided not to approve that.

15 Q. Item 8. Commissary increased. What does that  
16 mean?

17 A. Well, as we talked about before, we recommended  
18 an increase in the commissary list so that the  
19 inmates would have access to what medications  
20 that they might need without going through an  
21 entire sick call and delay and all that kind of

22           stuff.

23    Q.    11.   Medication setup fee to be instituted



1           instead a co-pay for prescriptions. What does  
2           that mean?

3       A.   Well, the terminology is important in this  
4           business. It depends who owns the medicines  
5           based upon how you charge for your medicines.  
6           If you charge a co-pay, frequently the inmate  
7           may decide that he has paid two dollars for  
8           this thousand dollar drug and now he owns them.

9                       So our advice to the sheriff is what  
10           you're charging for really is -- that two or  
11           three dollars is for the setup fee. It doesn't  
12           have anything to do with owning the drug or the  
13           cost of the drug. The drugs belong to the  
14           sheriff.

15                   MR. SUTHERLIN: Stacy, do you have any  
16           exhibits?

17                   MS. HARRIS: I have this.

18                   MR. SUTHERLIN: Mark those, please.

19                               (Whereupon Deposition Exhibits  
20                               #11 and 12 were marked and for  
21                               the record.)

22 BY MR. SUTHERLIN:

23 Q. I'm going to hand you what was previously used

1 as an exhibit in an earlier deposition but now  
2 it's marked Plaintiff's Deposition Exhibit #12  
3 I'll ask you to look at that.

4 (Whereupon Deposition Exhibit  
5 #12 was identified for the  
6 record.)

7 BY MR. SUTHERLIN:

8 Q. Have you ever seen that before?

9 A. I cannot say with certainty that I have.

10 Q. What do you call that document?

11 A. This is the documentation that the officer  
12 would have used with the encounter with the  
13 patient.

14 Q. And who provided that document to the Jackson  
15 County Jail?

16 A. The blank document was provided by our company.

17 Q. Okay, and what do you refer to that document as  
18 then? What is it called?

19 A. This is one of the protocols.

20 Q. So it is a protocol?

21 A. Yes.

22 Q. All right, and this is the protocol which was  
23 in use as soon as you signed the contract with

1           the Jackson County Jail and they would utilize  
2           in dealing with inmates, is that correct?

3       A.    Yes, I believe it was approved by the sheriff  
4           and put into action right away.

5       Q.    And did you personally design these protocols?

6       A.    These protocols were put together with a number  
7           of physicians. I cannot speak to this one  
8           specifically.

9       Q.    And I think you said earlier that you couldn't  
10           even identify who the other physicians were?

11      A.    Well, let me -- let me be a little more  
12           specific here.

13               In this particular case, I -- I've listed  
14           myself as the source. Now, I think I could  
15           probably say that I would have been responsible  
16           for this --

17      Q.    Okay.

18      A.    -- yes. It also lists the Sanford Guide, so  
19           it's quite possible I would have been  
20           responsible for that.

21      Q.    So we're looking at the same thing, you are the

22           medical director you signed off on it, it was  
23           revised 9/1/05?

1 A. Yes.

2 Q. And the source of this document is yourself and  
3 The Sanford Guide 2003?

4 A. Yes.

5 Q. What is that?

6 A. Well, the Sanford Guide is a medication  
7 recommendation guide and so what we evidently  
8 did was we looked up some medications in there  
9 and that was added to the list here somehow.

10 Q. Okay. And as you answered those questions  
11 asked of the detainee, would you read the  
12 question and then read out the answer?

13 A. Ask the detainee:

14 How old is the detainee" 41

15 How does the -- or does the detainee have a  
16 history of heart disease? No

17 How long has he or she had these symptoms? 30  
18 minutes

19 Is the pain crushing chest pain or pressure:

20 It was pressure

21 Is the detainee having nausea or vomiting? No

22 Does the detainee have indigestion or history  
23 of peptic ulcer disease? No



1 Is the detainee short of breath? Yes

2 Is the pain radiating pain? No

3 Q. The next set of questions, Examine the  
4 Detainee.

5 A. Examine the Detainee:

6 Vitals - temperature, pulse and respiration,  
7 that's what that stands for, Blood Pressure.  
8 The temperature was 96.8, the blood pressure  
9 was listed at 177/119.

10 Q. And the pulse? Is there a pulse?

11 A. There was no pulse listed here.

12 Q. Okay. Now how do you rate that blood pressure?

13 A. I would say it's high.

14 Q. And is it -- is there a category that you would  
15 list it in?

16 I mean I've seen these sort of blood  
17 pressure machines that have ranges?

18 A. Uh-huh.

19 Q. Would that range generally prompt somebody to  
20 seek medical advice on that pressure?

21 A. As a general rule, the physician is called for

22           this.

23       Q.    What's the next question after that?

1 A. Treatment.

2 Q. Well, I mean what goes under that --

3 A. I'm sorry.

4 Q. -- General Appearance.

5 A. General appearance Pale.

6 Shortness of breath Yes

7 Sweating No The diaphoresis is sweating No.

8 Q. All right, the next thing says what?

9 A. Check for medication allergy.

10 Q. Okay. Then what's the next line say?

11 A. This may be an emergency situation -- Call the  
12 physician immediately.

13 Q. All right, and what would you have done in this  
14 situation based upon that information?

15 A. You mean if I was called on this?

16 Q. Yes, you're filling it out.

17 A. Oh.

18 Q. You've got Mr. Wallace's in front of you. What  
19 would you have done?

20 A. Well, based on this protocol, I would have  
21 called the physician.

22 Q. And was a physician called?

23 A. I don't have any documentation on this exhibit

1           that that happened.

2       Q.    Okay. All right, what happens to the form once  
3           it's completed by the jail officer?

4       A.    My understanding is that this thing goes to  
5           Medical for the nurse to review and the medical  
6           staff to review.

7       Q.    And the medical staff again?

8       A.    Would be the nurse.

9       Q.    The nurse?

10      A.    Yes.

11      Q.    Okay. Was this supposed to be brought to the  
12           attention of the doctor when he comes in?

13      A.    Then that would be up to the nurse to call the  
14           doctor to discuss what happened and the two of  
15           them would make a decision on any further  
16           treatment that might be necessary.

17                                   (Whereupon Deposition Exhibit  
18                                   #11 was identified for the  
19                                   record.)

20           BY MR. SUTHERLIN:

21      Q.    Okay. This is Exhibit #11 which was previously

22 introduced in a previous deposition. Have you  
23 ever seen that?

1 A. No.

2 Q. Okay.

3 A. No.

4 Q. Would you then go through the questions and  
5 answers again for the record?

6 A. Okay. The DATE is 4/2/06, TIME is 0400.  
7 INMATE NAME is William Wallace, TYPE: County.  
8 INMATE LOG EVENT --

9 MS. HARRIS: You're on different pages.  
10 This second one has a cover sheet to it or part  
11 of it.

12 MR. GROTH: You want him to read the cover  
13 sheet?

14 BY MR. SUTHERLIN:

15 Q. Let me ask you, have you ever seen that form  
16 used?

17 A. No.

18 Q. Do you know what its purpose is?

19 A. It says it's an emergency medical call log.

20 Q. Okay. What do you take that to mean?

21 A. That this -- they would fill this out if they

22           were going to make a medical call of some kind.

23    Q.    Okay, but that's not a form that you provided



1 to the Sheriff's Department?

2 A. I don't believe so.

3 Q. Okay. Why don't you go to the next page then,  
4 the protocol.

5 A. Okay. How old is the detainee? 41.

6 Does the detainee have a history of heart  
7 disease? No

8 How long has he or she been having these  
9 symptoms? 2 weeks

10 Is the pain crushing pain or pressure?

11 Crushing

12 Is the detainee having nausea or vomiting? No

13 Does the detainee have indigestion or history  
14 of peptic ulcer? No

15 Is the detainee short of breath? Yes

16 Is the pain radiating? Yes

17 And then there's vitals. The temperature  
18 is 97.1, the blood pressure is listed at  
19 236/165, pulse is 100.

20 General appearance is pale

21 Shortness of breath Yes

22           Sweating is Yes.

23       Q.    Now, you've got the earlier one which was dated

1           3/25/06. You said that if you were doing this,  
2           you would have called a physician.

3       A.    Yes.

4       Q.    Would you have ordered the person to go to the  
5           emergency room on March 25th of '06?

6       A.    As a physician?

7       Q.    As a physician.

8       A.    It would depend on other factors.

9       Q.    Like what?

10      A.    What the patient looked like, how much distress  
11           they were in, a number of other things.

12      Q.    Well, how are you going to get that information  
13           over the phone if that is what you have here?

14      A.    You're talking to the officer.

15      Q.    So you talk to the officer?

16      A.    Yes.

17      Q.    And then you might or might not make the  
18           decision to send to ER?

19      A.    Yes.

20      Q.    What other information would you ask that  
21           person? Because it doesn't -- it doesn't

22 suggest on here that there's supposed to be any  
23 prompts.

1     A.    Yeah, this is simply to assist a lay person,  
2           this is not to educate them in the nuances of  
3           the disease; they're supposed to take the  
4           history and then simply call the doctor.

5     Q.    Okay.

6     A.    That's where it goes from there.

7     Q.    So in this case, on March 25th you may or may  
8           not have referred the person to the emergency  
9           room based upon the information that -- Well,  
10          let well me put it this way.  You wouldn't have  
11          sent him based on the information, you'd have  
12          to have additional formation?

13    A.    Well, I would talk to the officer.

14    Q.    And you would ask him what again?  His  
15          appearance?

16    A.    How's he looking?  What's he look like?  How's  
17          he behaving.

18    Q.    Isn't that sort of in your category of  
19          questions to ask the detainee?

20    A.    No.  They're curled up in a ball on the floor.  
21          That's quite different from standing up,

22 walking around and joking. There's a lot of  
23 differences.

1 Q. Do you send somebody to the emergency room when  
2 you suspect there's a heart attack?

3 A. Yes.

4 Q. Is the chest pain protocol attempting to help  
5 the jail officer identify the symptoms which  
6 may indicate a cardiac event?

7 A. No, they're helping him gather data so that he  
8 can discuss it with the doctor.

9 Q. He didn't call the doctor on this one? He made  
10 a medical decision, he didn't call the doctor  
11 on March 25th?

12 Do you know that?

13 A. No, I don't know that.

14 Q. All right, based upon -- Continue with the  
15 examination of the patient there talking about  
16 vitals.

17 A. Temperature was 97.1, blood pressure was  
18 236/165, pulse was 100, general appearance was  
19 pale. Shortness of breath yes, and sweating  
20 yes.

21 Q. Based upon those symptoms, would you have sent

22           the person to the emergency room?

23       A.    Once again, I would have talked to the -- the



1 officer.

2 Q. What additional information would you need?

3 A. I might have had him maybe take the blood  
4 pressure again, depending upon how the patient  
5 was behaving again. That sort of thing.

6 Q. How would you rate that blood pressure  
7 rating -- that blood pressure?

8 A. This blood pressure is extremely high, high  
9 enough it would make me wonder if it was  
10 accurate.

11 Q. So your concern is accuracy and not the  
12 patient's health? Is that what I'm hearing you  
13 say?

14 A. You heard the wrong thing. Ask another  
15 question.

16 Q. Why do you think it's inaccurate?

17 A. Because it's quite high. And generally when  
18 you see something of that -- that's that high,  
19 it's not uncommon that in fact that's not an  
20 accurate record, so I would ask them to take  
21 the blood pressure a second time.

22 Q. In view of all these other symptoms,  
23 depression, chest pain, the radiating pain, you

1 don't think that all indicates a cardiac event?

2 A. It's very justified to gather more data.

3 Q. In the meantime, time passes, doesn't it?

4 A. (No response)

5 Q. Are you -- do you have any knowledge of whether  
6 or not the doctor was contacted on that event  
7 of April the 2nd?

8 A. I believe he was.

9 Q. Do you know what information he was given?

10 A. I did have a chance to read the transcripts. I  
11 didn't bring them with me, but I did read them  
12 at some time in the past.

13 Q. Okay. Did Dr. Ahmed ask any questions in that  
14 transcript?

15 A. I do not recall any.

16 Q. Did Dr. Ahmed see the individual?

17 A. I do not know.

18 Q. Does your protocol indicate, Dr. Johnson, that  
19 this has been the second visit to the nurse  
20 with high blood pressure and chest pains within  
21 a week? Does it give any -- any place there

22           for this individual to have reviewed the prior  
23           medical history?

1     A.    As a general rule, the officers do not go down  
2           and read through the medical records to see  
3           what has happened in the past.   So generally we  
4           don't make them go do that.

5     Q.    So he's assessing this individual, calling --  
6           may be calling the doctor and has no knowledge  
7           whether there's been a prior cardiac event or  
8           prior incident similar to this one and that's  
9           the protocol?

10    A.    Yes.

11    Q.    In reviewing the documents that you did review  
12           and based upon your recollection today, do you  
13           know whether or not Mr. Wallace's was actually  
14           examined by Nurse Robinson?

15    A.    I cannot speak with clarify on that.

16    Q.    Should she have seen him and examined him based  
17           upon that event?

18    A.    She should have seen him the next day, if he  
19           would have allowed it, and taken the blood  
20           pressure and followed up at that time.

21    Q.    And why do you say if he would have allowed it?

22           What makes you think he didn't allow it?

23       A.     It was my understanding that this was a

1 noncompliant patient.

2 Q. I know you say that, Dr. Johnson. I disbelieve  
3 you. I'm telling you, what are you basing that  
4 on? Are you giving me any information to  
5 convey that he's a noncompliant patient?

6 A. I got it out of the CQI.

7 Q. I know you got it out of there. Do you know  
8 why he didn't see Nurse Robinson and have a  
9 follow-up examination?

10 A. I do not.

11 Q. Okay. According to information provided by the  
12 defendants, Jackson County Sheriff, we  
13 attempted to verify Dr. Ahmed's appearance at  
14 that jail. And while I can't say that this is  
15 conclusive, it would appear as if he came on  
16 March the 9th and stayed 50 minutes, he came  
17 April the 13th and stayed 40 minutes, came May  
18 4th and stayed 10 minutes, came May 25th and  
19 stayed 23 minutes. Does that sound like he's  
20 coming weekly?

21 A. I don't know what that document is.

22 Q. Okay. Do you intend to -- Well, strike that.

23 Have you ever testified as an expert before? I



1 think you said you had once.

2 A. I'll tell you, it seems like I did but it would  
3 have been decades ago.

4 Q. Okay. And in connection with any litigation,  
5 have you ever testified as an expert?

6 A. I've never testified in court.

7 Q. Never?

8 A. Not in court. I'm sorry, you used the word  
9 "testified" and I'm thinking deposition. I  
10 apologize for that. I have never testified in  
11 court as an expert.

12 Q. Okay. You do actually testify in a deposition  
13 under oath.

14 You mentioned a number of lawsuits that  
15 you were involved in with your prior  
16 organization and this organization. Have you  
17 ever testified as an expert either under oath  
18 in a deposition or in court?

19 A. I have given depositions when I was in private  
20 practice, but not relating to the correctional  
21 work.

22 Q. Okay.

23 A. I've done that.

1 Q. Okay. Well, I understand that, but I'm asking  
2 you as an expert. You've been identified by  
3 your counsel as an expert.

4 A. I think I was considered an expert at that time  
5 for whatever that deposition was, as I recall.  
6 Because I don't think I was involved in it, I  
7 think they came to get my opinion about it or  
8 something like that.

9 Q. Okay. Do you have any training in  
10 cardiovascular diseases?

11 A. The standard training that an internist who's  
12 board certified would have.

13 Q. When was the last time you treated a patient  
14 for any cardiac disease?

15 A. Well, we would have define the word  
16 "treatment". Treatment may be prescribing a  
17 medication. If that's the definition, then  
18 probably within the last month.

19 If you're talking about going to the  
20 hospital and working in the ICU, that would  
21 have been years ago.

22 Q. I'm talking about something other than just  
23 prescribing medication over the phone. Have

1           you ever examined or treated an individual for  
2           any cardiac conditions?

3     A.    Yes.

4     Q.    And when was that?  When did you do that last?

5     A.    I would not be able to give you a specific date  
6           or time.  But chest pains are fairly common  
7           things in jails and so we're always looking at  
8           the inmates to be sure that it's not cardiac  
9           origin and so it's not uncommon when you're in  
10          a jail that you'll run into that.

11    Q.    I'm trying to get a clear answer, Doctor.

12    A.    I'm sorry.

13    Q.    I understand that you're an administrator and  
14          this is your corporation.

15    A.    All right.

16    Q.    But I'm looking for a doctor/patient  
17          relationship in which you have examined  
18          somebody, much the way these jail officers did,  
19          and treated that person for some sort of  
20          coronary or cardiac event.

21    A.    Event being a heart attack you mean?

22 Q. Could be anything related to --

23 A. Well, if we think somebody's having a heart

1           attack, we send them to the hospital, we don't  
2           treat them on-site for that.

3       Q.    I understand, but you would at least assess  
4           them on-site --

5       A.    Yes.

6       Q.    -- before you send them --

7       A.    Yes, and then send them off-site.

8       Q.    What do you understand then would be the test  
9           given to somebody who you suspected of having a  
10          heart attack?

11      A.    Well, the only tests we have on-site is our  
12          stethoscope; we don't have EKG's, we don't have  
13          those sort of things.

14                So if we feel someone may be having a  
15          heart attack, we send them off-site.

16      Q.    What sort of tests would they conduct off-site?

17      A.    It would depend upon the findings at the time.  
18          They would usually start with a cardiogram,  
19          there would be blood work that would be done  
20          and then, based upon those findings and coupled  
21          with the physical exam at that moment, then a

22           decision to contact a cardiologist would be  
23           made. Based upon the cardiologist's



1           evaluation, then it could get into cardiac  
2           catheterization or it could go on to many other  
3           things.

4       Q.    On April the 2nd, if you looked at the  
5           telephone transcript, you would have learned  
6           that there was another patient with an elevated  
7           blood pressure that was sent to the ER.

8                    Do you recall reading that?

9       A.    Yes.

10      Q.    Okay. Was his blood pressure higher or lower?

11      A.    I think it was lower.

12      Q.    Okay. Did you question -- Would you have  
13           questioned that reading?

14      A.    My guess was that there was something in the  
15           conversation between the two of them that  
16           indicated that that one needed to go off. I  
17           didn't really know.

18      Q.    Do you intend to provide a written opinion of  
19           any kind if it's allowed by the court in this  
20           case?

21      A.    If it is asked for, I would do that.

22 MR. SUTHERLIN: Okay. I think that's all

23 I have.

1           Based upon what I believe are some  
2           outstanding items that need to be produced, we  
3           may have to continue the deposition or we may  
4           try to answer -- get these things answered by  
5           interrogatories.

6           But in any event, I will write Mr. Groth a  
7           letter of the things that I think I heard from  
8           this deposition that he has agreed to provide  
9           and then we'll just take it from there. But  
10          that's all the questions I have.

11          MS. HARRIS: I do have one question.  
12          Sorry if I said I wouldn't.

13          THE WITNESS: Okay.

14

15          EXAMINATION BY MS. HARRIS:

16          Q. Could you look at Exhibit 11 again?

17          A. Which one is that?

18          Q. It's --

19          A. Oh, it's this one here. Okay.

20          Q. On the second page.

21          A. This page.

22 Q. Well, the second page. That one.

23 A. Okay.

1 Q. If you were -- Assuming you were the doctor  
2 that was being called in regard to this inmate  
3 and you were given the information regarding  
4 that pulse and that blood pressure and also  
5 that the inmate had had chest pain that had  
6 woken him up, what questions would you have  
7 asked the officer?

8 A. As I mentioned, I probably would have asked him  
9 to repeat the blood pressure, first of all, to  
10 ensure that there was an accurate blood  
11 pressure.

12 I would want to give his general view of  
13 how the patient was behaving. As I mentioned  
14 before, is he standing up, walking around  
15 joking, or is this guy really in serious  
16 straits. And I think probably based upon that  
17 and if this number was fairly close to the  
18 number that he had already recorded, that's  
19 probably what I would do.

20 MS. HARRIS: That's all I that have.

21

22 EXAMINATION BY MR. SUTHERLIN:

23 Q. And then, if you had that information, you

1           would then make the decision to send him to the  
2           ER?

3     A.    It's likely that I would.

4     Q.    Just likely?

5     A.    Well, it depends on what the findings are  
6           exactly.  It's really hard to second guess  
7           these things but -- so you have to -- to make  
8           little -- see, there's no black and white --

9     Q.    I understand that, but I thought you err on the  
10           side of caution and send somebody to the ER so  
11           they don't die.

12    A.    You do, but you have to be sure that you're not  
13           being gamed at the same time.

14                   MR. SUTHERLIN:  That's all I have to  
15           follow-up.

16                   MR. GROTH:  We'll show signature reserved.

17

18                   FURTHER DEPONENT SAYETH NOT

19

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1 STATE OF ILLINOIS )

2)

3 COUNTY OF \_\_\_\_\_ )

4

5 I, NORMAN R. JOHNSON, M.D., do hereby  
6 certify that I have read the foregoing  
7 transcript, consisting of pages numbered 1  
8 through 240, inclusive, and that the same is  
9 true and correct, except as may be noted on the  
0 attached sheet(s).

11 Dated at \_\_\_\_\_, Illinois this \_\_\_\_\_  
12 day of \_\_\_\_\_, 2008.

13

14

15

16

17

18 Sworn to before me this\_\_\_\_\_

19 day of \_\_\_\_\_ 2008.

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22                   Notary Public

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1           STATE OF ILLINOIS )  
2                                       )SS  
3           COUNTY OF PEORIA )

4                                       C E R T I F I C A T E

5                       I, Grace Cafaro, CSR-RPR-CP, License  
6           #084-000702, a Notary Public duly commissioned  
7           and qualified in and for the County of Peoria  
8           and State of Illinois, DO HEREBY CERTIFY that,  
9           pursuant to notice, there came before me on the  
10          20th day of March, A.D. 2008, at 415 Hamilton  
11          Boulevard, Peoria, Illinois, the following  
12          named person, to wit:

13                       NORMAN R. JOHNSON, M.D.,,  
14          an expert witness, called by the plaintiff who  
15          was by me first duly sworn to testify to the  
16          truth and nothing but the truth of his  
17          knowledge touching and concerning the matters  
18          in controversy in this cause and that he was  
19          thereupon carefully examined upon his oath, and  
20          his examination immediately reduced to  
21          shorthand by means of stenotype by me.

22 I ALSO CERTIFY that the deposition is a  
23 true record of the testimony given by the

1           witness, that the reading and signing of the  
2           deposition by the said witness were expressly  
3           waived.

4                   I FURTHER CERTIFY that I am neither  
5           attorney or counsel for, nor related to or  
6           employed by, any of the parties to the action  
7           in which this deposition is taken, and,  
8           further, that I am not a relative or employee  
9           of any attorney or counsel employed by the  
10          parties hereto, or financially interested in  
11          the action.

12                   IN WITNESS WHEREOF, I have hereunto set my  
13          hand at Peoria, Illinois, this 14th day of  
14          April, A.D. 2008.

15

16

CSR-RPR-CP  
My commission expires  
5-31-09

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